

Winfield Hospital

Quality Account 2024/25



Ramsay
Health Care

Contents

Introduction Page		
Welcome to Ramsay Health Care UK		
Introduction to our Quality Account		
PART 1 – STATEMENT ON QUALITY		
1.1	Statement from the Hospital Director	
1.2	Hospital accountability statement	
PART 2		
2.1	Priorities for Improvement	
2.1.1	Review of clinical priorities 2022/23 (looking back)	
2.1.2	Clinical Priorities for 2023/24 (looking forward)	
2.2	Mandatory statements relating to the quality of NHS services provided	
2.2.1	Review of Services	
2.2.2	Participation in Clinical Audit	
2.2.3	Participation in Research	
2.2.4	Goals agreed with Commissioners	
2.2.5	Statement from the Care Quality Commission	
2.2.6	Statement on Data Quality	
2.2.7	Stakeholders views on 2023/24 Quality Accounts	
PART 3 – REVIEW OF QUALITY PERFORMANCE		
3.1	The Core Quality Account indicators	
3.2	Patient Safety	
3.3	Clinical Effectiveness	
3.4	Patient Experience	
3.5	Case Study	
Appendix 1 – Services Covered by this Quality Account		
Appendix 2 – Clinical Audits		

Welcome to Ramsay Health Care UK

Winfield Hospital is part of the Ramsay Health Care Group

Statement from Nick Costa, Chief Executive Officer, Ramsay Health Care UK

Established in Sydney, Australia in 1964, Ramsay Health Care celebrates its 60th anniversary in 2024. Outside of the NHS, we are one of the longest running healthcare providers in the world. In the UK, we are incredibly proud to be part of a responsible, global healthcare provider widely respected with a strong reputation of delivering, safe, high quality, patient centred care with positive outcomes.

Patients are confident when they come to Ramsay because we are unwavering in our commitment to the highest standards of clinical quality and providing exceptional care. We see this in our patient feedback and independent accreditation awards. All of our endoscopy services inspected by the Royal College of Physicians Joint Advisory Group (JAG) are JAG accredited, we have 97% of our hospitals rated as 'Good' by the Care Quality Commission, and Bupa recognises two of our hospitals providing cancer services as Breast Centres of Excellence.

In 2023, we published our Social Impact Report in partnership with The Purpose Coalition, a purpose-led organisation focused on bringing together businesses that are breaking down barriers and improving social mobility. The report highlights fantastic examples of Ramsay teams supporting patients in local communities with access to care when they need it through robust partnership working within local health systems. It also showcases our continued support for staff to develop their careers through a range of training and development opportunities, often breaking down social-economic barriers for individuals. With a clear focus on delivering the highest standards of care for patients with outstanding outcomes and a commitment to being a responsible employer and member of our local communities, we acknowledge that the impact we have is both in and outside of our hospital walls.

Everyone across our organisation is responsible for the delivery of clinical excellence and our organisational culture ensures that the patient remains at the centre of everything we do. We recognise that our people, staff, and doctors are the key to our success and teamwork is the central foundation in meeting the expectations of our patients.

I am very proud of Ramsay Health Care's reputation in the delivery of safe and quality care and it gives me great pleasure to share our results with you.



Nick Costa

Chief Executive Officer

Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

I am incredibly proud of the care and service our teams, both clinical and operational, deliver for patients every single day across our 34 hospitals, mobile diagnostic fleet, three decontamination hubs and two corporate offices. The saying, 'the whole is greater than the sum of its parts,' has two very real meanings in Ramsay UK. The overall service and experience that our teams deliver for our patients continues to deliver on our organisational purpose of People caring for People, evidenced through our fantastic patient feedback scores, which includes our group NPS rating of 87 and 96% Friends and Family rating. However, those teams and colleagues are all providing an outstanding individual contribution which we seek to recognise, support and champion across our organisation.

Our ability to deliver first-class healthcare services in our hospitals is underpinned through an ongoing cycle of investment into our facilities, equipment and staff, alongside an ongoing programme of digital advancements to support the seamless delivery and management of patient services. With an exciting schedule of projects that will increase the use of digital services to improve care over the coming years, we are clear in our commitment to support our patients with greater engagement and autonomy throughout their experience with Ramsay UK.

We are committed to the professional development of all our colleagues and have an ethos of continuous improvement. We celebrate when things go well, and we improve where we can do so. Our patients can expect openness and transparency from all colleagues, and all colleagues have confidence that if they raise a concern or identify a risk then they will be listened to, and appropriate action will be taken.

I am looking forward as we continue our commitment to provide high-quality health services to our patients with investment and a focus on utilising digital systems to support the patient journey.



Jo Dickson
Chief Clinical and Quality Officer

Introduction to our Quality Account

This Quality Account is Winfield Hospital's annual report to the public and other stakeholders about the quality of the services we provide. It presents our achievements in terms of clinical excellence, effectiveness, safety, and patient experience and demonstrates that our managers, clinicians and staff are all committed to providing continuous, evidence based, quality care to those people we treat. It will also show that we regularly scrutinise every service we provide with a view to improving it and ensuring that our patient's treatment outcomes are the best they can be. It will give a balanced view of what we are good at and what we need to improve on.

Our first Quality Account in 2010 was developed by our Corporate Office and summarised and reviewed quality activities across every hospital and treatment centre within the Ramsay Health Care UK. It was recognised that this didn't provide enough in depth information for the public and commissioners about the quality of services within each individual hospital and how this relates to the local community it serves. Therefore, each site within the Ramsay Group now develops its own Quality Account, which includes some Group wide initiatives, but also describes the many excellent local achievements and quality plans that we would like to share.

Part 1

1.1 Statement on quality from the Hospital Director

Winfield hospital has a strong history of providing quality care to patients of the Gloucestershire areas, for both privately and NHS patients and as such the entire team pride themselves with providing high quality healthcare to all the patients we serve. The team work to ensure the quality of care underpins every decision made by every member of staff every day with the drive to getting it right first time every time.

Ramsays “People Caring for People” is at the heart of all we do and is at the core of Winfield’s success. Our Consultants and hospital teams work hand in hand to provide high quality collaborative individual care to those patients visiting Winfield Hospital. As a learning organization we develop and enhance the partnerships we have in order to promote innovation, research and evidence based care.

Safety and Governance is also a key focus at the hospital and we work in partnership across the healthcare sector to ensure we provide a seamless service for the communities we care for. In order to achieve this we maintain strong communication channels with our NHS colleagues, regulators, independent providers and patients.

Winfield has a strong focus on patient outcomes and as such we benchmark locally and nationally against key metrics in order to ensure our services remain safe and patient focused. Working with our patients and visitors to listen to their views and experiences is important to us in order to shape and improve the services we deliver. We are currently rated as CQC “Good”, with our aim to always ensure this is our minimum standard.

Over the next 12 months our aim is to continue to focus on the quality of care we provide, to continue to attract, retain, support and train our staff through effective and engaging leadership and to be recognized for our quality of care and the hospital of choice for our patients.



Mr Timothy Penrose

Hospital Director

1.2 Hospital Accountability Statement

To the best of my knowledge, as requested by the regulations governing the publication of this document, the information in this report is accurate.

Mr Timothy Penrose

Hospital Director

Winfield Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

Mr Navraj Atwal, Consultant Orthopaedic Surgeon – Medical Advisory Committee Chair

Dr Neil Kellie, Consultant Anaesthetist – Clinical Governance Committee Chair

Mr Alex Torrie, Consultant Spinal Surgeon – Clinical Governance Committee Chair/Deputy Medical Advisory Committee Chair

Mr Robert Mauler, Senior Manager – Quality and Commissioning

Ms Laura Hill – Clinical Quality Partner

Welcome to Winfield Hospital



The Winfield Hospital opened in 1992 and is one of Gloucestershire's leading independent hospitals. The Hospital is located on the outskirts of the City of Gloucester and has excellent road and rail links.

The Winfield is an acute surgical hospital with 39 inpatient beds, 33 of which are single occupancy and 3 double. With three fully equipped theatres with ultra-clean air technology, we are particularly suited for Orthopaedic surgery, along with a JAG accredited endoscopy suite.

The Outpatient department offers 13 consultation rooms, one of which is suited for ENT diagnostics and minor procedures and one for Ophthalmology services, alongside two minor treatment rooms.

Our onsite radiology department includes x-ray, ultrasound and dental x-ray equipment. For three days a week, we have an onsite MRI scanner and a CT scanner once every other week, coinciding with our busiest Orthopaedic clinics to provide a one-stop service.

Experienced physiotherapists who are all registered with the Healthcare Professions Council (HCPC) staff the Winfield's Physiotherapy department. With a fully equipped gymnasium including an Anti-Gravity treadmill and separate treatment rooms, our physiotherapy team provide a range of services from; Hydrotherapy, Pilates, Hand Therapy, Continence/Women's Health, Sports Injuries, Musculoskeletal Assessment, Acupuncture, Pre and Post-Operative Rehabilitation, Vestibular Rehabilitation, Shockwave Therapy and UVB Therapy.

We have a dedicated on-site Pharmacy Department for patients registered at Winfield Hospital. We provide clinical pharmacy service to support and promote safe and effective medicines use with skill mix of contract pharmacists, pharmacy technician, and dispenser. The service supports our inpatient care (e.g. medicines reconciliation,

discharge supply and counselling, clinical advice and training), outpatient clinics (e.g. supply of medicines, perioperative advice, development of local guidelines), regular stock review and supply to departments including top-up service, regular audit, and governance feedback as integral part of our multidisciplinary approach to patient care.”

Consideration for our patients is at the heart of everything that we do. We are constantly seeking new ways of working and introducing fresh clinical practices that will improve the outcomes for our patients. This ranges from the implementation of new procedures or surgical enhancing equipment such as ROSA robotic knee replacements, Conformis custom knee replacements or Aquablation.

Our approach to service delivery, which currently includes working in partnership with the NHS, is courteous and professional and we take great pride in our ability to innovate and look at new ways of working. We continue to participate in the NHS initiative of improving staff health and wellbeing with a focus of providing health food choices, including meat free Mondays, offering a flu vaccination campaign and an alcohol and smoking cessation to improve healthy living.

The Winfield welcomes NHS patients, insured patients and those who chose to pay for their own treatment. In 2023/24, we treated a total of 5294 patients, of these 2906 were private patients (54.9%) and 2388 were NHS patients (45.1%)

The Winfield has a close working relationship with the local Integrated Care Board (ICB) and provide a range of surgical services. The Winfield employs a Business Relations Manager who maintains and establishes relationships with GPs, practice staff, and actively promoted the Winfield as the Hospital of choice.

The Winfield is well managed with a robust clinical governance and risk management processes, with an emphasis on learning from outcomes and ‘closing the loop’. The Hospital successfully embedded the Patient Safety Incident Reporting Framework (PISRF), which sets out the NHS’s approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

Our staff are encouraged to engage with the senior leadership team and promotes an open-door policy and no blame culture, ensuring that staff feel supported and listened to. The senior leadership team hosts a staff forum quarterly, providing a Q&A format for staff to discuss concerns and ask questions. The hospital invests in all staff, ensuring that they have the skills and training required to perform in their role effectively. Training is available through the Ramsay Academy as well as the opportunity for funded development through external training providers, such as M&K Update, Level 3 Safeguarding training and ILS.

Currently Ramsay Health Care UK offers over 24 apprenticeships across several different levels and as they`re progress through the levels, they have opportunity to develop a greater insight into their chosen career, developing their skills and

knowledge along the way. Currently, the Winfield have three HCAs in RGN apprenticeships, one HCA in a radiography apprenticeship and have recently had an Operating Department Practitioner graduate from their apprenticeship.

A committed workforce is vital for delivering quality care and ensuring patient safety. The Winfield employs a variety of staff, from support services who provide cleaning and catering services that the hospital could not function without, to our administrative staff who act as the first point of contact for our patients and ensure they are appropriately booked into the correct services, to our clinical staff whose skills and knowledge allow us to provide safe and effective care to our patients. In 2023/24, the Winfield employed the below staff:

	Contract	Bank
Clinical	102	24
HCAs	19	7
Support Services	44	14
Admin	49	16
Operational Management	4	1
Total	218	62

The nurse-to-patient ratio is calculated in accordance with the number of patients admitted and the level of care and needs required. Our nursing staff to patient ratio varies between 1:5 to 1:8, with additional HCAs available when the ratio is over 1:5. Staffing levels are assessed daily to ensure that we are providing safe staffing for patient care at all times. We also have an experienced Residential Medical Officer (RMO) onsite 24 hours a day.

Consultant led care is provided at each step of the patient's pathway and treatment includes a full range of surgical and medical services. Consultants are rigorously vetted to ensure that only suitably qualified and experienced surgeons and physicians are granted privileges at the Winfield. We have a total of 153 consultants plus an additional 4 medical practitioners with practicing privileges.

The Winfield offers a variety of services, from outpatient Dermatology and ENT diagnostics, to joint replacements and major cosmetic procedures. To actively promote and engage both patients and other healthcare providers, such as GPs, we regularly hold informational events covering different surgical/medical topics, which have previously focused on Plastic Surgery, Orthopaedics and Bariatric Surgery.

Our Business Relations Manager liaises with GP services within the county to provide information around our services and referral routes for patients. In support of the Gloucestershire General Practitioner Education Trust (GGPET), we provide regular information seminars for all local GP practices.

In 2023/24, the Winfield and staff were involved with raising money, donating and supporting local and national charities, including:

- Physiotherapy Manager, Mary Dredge-Bulless, participated in the Pedal, Paddle and Peak event for Muscular Dystrophy, raising £1500
- Hosted a cake sale and 'Wear it Pink' day to raise money for Breast Cancer Awareness
- Cyclethon event held in Reception, cycling 92.3 miles and raising £170 for Cancer Research UK, MEND and Great Western Ambulance
- Donations in aid of the Turkey Earthquake Relief needing urgent healthcare supplies, providing masks, coveralls and goggles.

On 1st July Mary Dredge-Bulless, Winfield Physiotherapy Manager, Pedaled, Paddled and Almost Peak. The weather was rubbish and too dangerous to go to Helvellyn's top, so another challenging course was added 15 miles cycling uphill all the way. Mary said it was great FUN and was joined by her brother. They raised £1500 for Muscular Dystrophy.



Haniida used to work for Winfield in our TSSU department. She contacted us to see if we could help with Turkey's Earthquake relief as they urgently need healthcare supplies. We are really pleased to support and donated masks, coveralls and goggles.



Raising money for Breast Cancer Awareness



Fantastic effort from Winfield staff on Friday, in total, they cycles 92.3 miles and raised £170. Thank you to everyone who donated



Part 2

2.1 Quality priorities for 2024/25

Plan for 2024/25

On an annual cycle, Winfield Hospital develops an operational plan to set objectives for the year ahead.

We have a clear commitment to our private patients as well as working in partnership with the NHS ensuring that those services commissioned to us, result in safe, quality treatment for all NHS patients whilst they are in our care. We constantly strive to improve clinical safety and standards by a systematic process of governance including audit and feedback from all those experiencing our services.

To meet these aims, we have various initiatives on going at any one time. The priorities are determined by the hospitals Senior Management Team taking into account patient feedback, audit results, national guidance, and the recommendations from various hospital committees which represent all professional and management levels.

Most importantly, we believe our priorities must drive patient safety, clinical effectiveness and improve the experience of all people visiting our hospital.

Priorities for improvement

2.1.1 A review of clinical priorities 2023/24 (looking back)

Patient Safety:

Infection Prevention and Control

Infection Prevention and Control remains a high priority at the Winfield Hospital with the aim to deliver the safest practice that will keep our patients and staff safe. To achieve this, our focuses targeted the monitoring of infections and action planning, infection prevention control best practice and embedding further training and awareness with staff.


The Winfield have since introduced an additional Infection Prevention Control face-to-face training session as part of our mandatory training programme, alongside the Hand Hygiene training. Since introducing this course, we have achieved 97% compliance and regularly adapt the training to cover any hot topics and common themes identified. In support of national awareness campaigns, we continue to raise awareness of the importance of Infection Prevention Control with staff and patients, through the use of information sharing, engagement activities and celebrating good practice.

To increase the knowledge and capacity of our Infection Prevention Control team at the Winfield Hospital, we have incorporated link IPC roles in each clinical department, who support the performance of IPC audits, delivering IPC training and investigating infections. The IPC team is currently led by the lead IPC nurse and supported by 5 other link roles from various other departments within the Hospital. The team are encouraged to develop their knowledge through internal and external training opportunities, which in 2023-24 have included attending Gama update training, and the Annual IPC Conference 2023-24. We are currently working to obtain an ANTT accreditation in 2024-25, which will further strengthen the ANTT practice that we carry out at the Hospital.

From April 2023 to March 2024, the Winfield have completed 107 infection prevention control related audits. These audits observe basic IPC practices such as Hand Hygiene and Linen Management and Cleanliness and Environmental Infrastructure audits to reviewing IPC Governance Structures and Surgical Site Infections. Overall, our average score across all 107 audits is 91.1%.

Audit	Audits Performed	Average Score %
50 Steps Cleaning	57	90.3%
Hand Hygiene Observation/Technique	35	91.25%
Sharps	5	92.2%
Surgical Site Infection	5	96.4%
IPC Environment Infrastructure	3	95%
IPC Linen Management	3	88.9%
IPC Governance	1	91.7%
Urinary Catheterisation Bundle	1	91.9%

The below Annual Infection Prevention and Control Strategy provides structure to guide best practice for Infection Prevention Control, with the goal of maintaining clean environments that are fit for purpose as well as ensuring that we have the right skills and knowledge in place to deliver safe patient care.



Ramsay Winfield Infection Prevention and Control Strategy				
Reflect Ramsay's purpose to always strive for zero tolerance against all preventable infections and to ensure that healthcare is provided in a safe and clean environment that's fit for purpose				
WHAT	Provide a clean and appropriate environment	Monitoring and reporting of infections	Antimicrobial stewardship	Compliance and Culture
HOW	<ul style="list-style-type: none"> Adherence to Ramsay Cleanliness Policy Cleaning Schedules Monitoring of environmental cleanliness Patient feedback Training and education IPC involvement in all refurbishment and purchasing Care areas will be fit for purpose and meet IPC standards 	<ul style="list-style-type: none"> Robust Surveillance program Microbiology support and laboratory testing Reporting of HCAI's to PHE Surveillance outputs to feed into IPC and hospital governance committees Surveillance will be fed back to all staff and patients Set objectives for quality improvement programmes in relation to HCAI prevention Pre-operative assessment and appropriate patient placement 	<ul style="list-style-type: none"> Implementation of the best practice standards in NICE guideline 15 Implement an effective antimicrobial stewardship program Education and training for staff, patients and public Prescribing audit Feedback to prescribers through MAC Optimising prescribing practice to drive down inappropriate and indiscriminate use and monitor compliance 	<ul style="list-style-type: none"> Staff will have the necessary skills and knowledge Training and competencies IPC induction IPC policies and procedures ANTT Programme Occupational health SCA IPC meetings IPC board reports Effective IPC structure Compliance to IPC standards IPC audit schedule and dashboard Work collaboratively with other health and social care providers
WHO	<ul style="list-style-type: none"> Dedicated Housekeeping staff Contracted cleaners Clinical staff Non clinical staff 	<ul style="list-style-type: none"> Clinical governance Clinical staff IPCC committee MAC 	<ul style="list-style-type: none"> Pharmacy Staff All clinical staff Consultants IPCC 	<ul style="list-style-type: none"> All clinical and non-clinical staff Consultants

Ramsay Winfield Infection Prevention and Control Strategy 2024

Speaking Up For Safety

Speaking Up for Safety (SUFS) is a programme that embeds a culture of empowering staff to support each other and raise concerns, overcoming behaviours that can lead to poor patient outcomes. This is achieved by normalising a two-way conversation to prevent any unintended patient harm and we embed the skills and insight for staff and consultants to raise concerns about patient safety.

SUFS- "Ramsay Health Care UK is continuing with its Speaking up for Safety Programme and is currently training up some master trainers to ensure that speaking up for safety continues to be a priority within the organisation. The Promoting Professional Accountability (PPA) training will also continue in liaison with Ramsay Australia and the Vanderbilt University in America".

A new Speaking Up for Safety trainer was accredited in November of 2023, and we have increased our training compliance to 81% after a lapse of trainers onsite. The goal moving forward is to achieve compliance of 95% or higher.

Outcomes

The Winfield currently collect outcome data through the use of the National Joint Registry, Patient Reported Outcome Measures (PROMS), Amplitude – The British Spine Registry and Surgical Site Infection Surveillance (SSIS).

The information provided in these surveys is vital for the Hospital to understand patient outcomes, quality of life improvements and patient experience. Within the past 12 months, we have maintained our status as a Quality Data Provider through the National Joint Registry. The platform for the British Spinal Registry transitioned to Amplitude in Q1 2024, which has partially altered the way data is collected and submitted of which the data administrators have received additional training to support the process.



Safe Staffing

Recruitment and retention of clinical staff continues to be a risk and challenge across the healthcare sector, with the need for skilled staff to continue delivering a high standard of safe care. We have continued to focus on the staffing mix in our clinical teams to ensure that we are achieving that level of safe care determined by our service and patient needs and continue to review our staffing levels on a daily basis to ensure that this is met.

Despite the struggles faced across the healthcare sector, we have successfully recruited into our theatre and ward teams including the on boarding of 10 overseas nurses, of which 7 have now passed their OSCEs. We continue to meet with our recruitment and on-boarding team on a weekly basis to gain oversight into our current vacancies, advertisements, and updated application statuses. As a plan for retention, we have altered our induction programme to now include a 'HR Induction' to make the process more personalised and centred around the new employee.

Healthcare is in a continuous state of development as systems, services, equipment and technology advance and improve. As such, we ensure that our staff are equipped

and upskilled to adapt with these changes and have the relevant skills and knowledge to continue providing safe clinical care to our patients, improve their clinical practice and develop their careers. The Winfield have engaged with our local trust and other external training providers, utilising their expertise to deliver training within Immediate Life Support, Safeguarding Level 3, Venepuncture and Cannulation, Pre-Assessment Skills, Laser Safety and others.

As part of our Apprenticeship programme, we have successfully seen a Healthcare Assistant Graduate as an Operating Department Practitioner and currently have three Healthcare Assistants undergoing a Registered Nurse Apprenticeship and one Healthcare Assistant undergoing a Radiographer Apprenticeship.

Clinical Effectiveness:

Well Led:

Creating a no blame and open-door culture where staff are empowered to speak out and feel supported and listened to is a priority at the Winfield Hospital.

In 2023/24, we wanted to focus on being a well-led hospital with visible and accessible senior leadership team and encouraging an open just culture, where staff have the confidence to approach any member of their teams and managers with the ability to Speak Up. As part of our focus:

- Ensuring that staff have 1:1s with their managers and give them the opportunity to discuss their achievements, growth, and any concerns. We have improved our PDR compliance by 36%, sitting currently at 82% with a goal of achieving 95%.
- Enabling our leaders by ensuring they have the right skills, knowledge, environment, and resources to staff their services effectively. On a regular basis our leaders meet with SLT to discuss their department from a staffing, budget and activity basis.
- People are part of our growth and all leaders at the Hospital have attended a Strategy and Insights Day embedding how we are aiming to achieve our strategic focus, as well as providing the opportunity for team building.
- Staff Survey and Forums: Following the recent staff survey, the Senior Leadership issues an action plan across the Hospital that focused on five key themes; Objectives and Goals, Capacity Management, Physical Workspace, Communication and Recognition.



Clinical Strategy:

Healthcare organisations must plan and set clinical goals to ensure safe practices of care and to transform services and clinical pathways to achieve improved quality of care. A clinical strategy sets out the hospitals vision for its services and care, setting long-term goals with realistic timescales of achieving them; it will be driven by our commitment to ensure that high-quality person-centred care is at the heart of what we do. It will reflect on the strategies created by individual clinical departments and their vision for how they plan on developing their departmental services and how all of these individual strategies align with the overall vision.

The clinical strategy will be defined by the five directives:

- Safe: Ensuring that effective systems and pathways are in place to deliver safe care and treatments and that measures are in place to prevent both patients and staff from unsafe care or harm.
- Effective: Assessing patient needs on an individual basis and delivering evidence-based care and treatment to provide good outcomes
- Caring: Ensuring that patients are treated with kindness, compassion and dignity and are given the transparency to make informed and involved decisions
- Responsive: Provide person-centred care, listening to and involving our patients and staff on an organised patient pathway.
- Well Led: Compassionate leadership with a shared direction and culture, building a culture to speak up and feel supported.

We are striving for excellent clinical outcomes for our patients and uphold our high clinical standards.

Our focus for 2024/25 is:

- Ensure all registry information is inserted and the information acted upon to drive clinical performance.
- Retention of JAG and continued endoscopy excellence.
- Create and implement methodology to support CQC inspection readiness.
- Review our MDT processes and/management.
- Improve core governance KPI's (i.e. mandatory training, resus compliance, clinical competencies)
- Embed learnings from patient feedback (RADAR, PSIRF, complaints on the "shop floor")
- Improve our audit compliance and drive changes based on audit results in clinical practice.
- Continue to reduce the reliance on the use of temporary staffing.
- Standardise POA pathway processes to reduce cancellations.

New and Evolving Techniques, Medical Devices and Medicines:

We are actively encouraging and engaging with our consultant body to develop their services, whether this is through the expansion or investment into new or modern technologies, different techniques, or new equipment. Over the past year, we have supported our consultants and clinicians in the approval of new or evolved techniques, devices and medicines:

- ROSA Robotic Knee Replacement
- Aquablation
- LINX and Bravo Studies
- Ultrasound Contrast Injections



Patient Experience:

Patient Focus Group

In 2023/24, we set the intention to reinstate our Patient Focus Group after all but one member resigned from the group post-COVID. In attempt to reinstate the group we have sent invitations and leaflets at random to patients discharged from our services and advertised the group in all patient-facing waiting areas and corridors. Unfortunately, we have not been able to recruit into the group and are exploring other options to engage with patients. This now includes the involvement of our Private Patient team, who will email out to patients following admissions and appointments as well as capture patients face-to-face.

Cemplicity

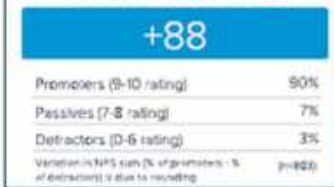
Cemplicity and Reputation are platforms used to collect and measure all patient feedback received online. It gives us the opportunity to compare our scores against the Ramsay UK average and provides useful insight to measure performance to identify trends and areas for improvements as well as highlighting what we do well. This will continue to be discussed and awareness raised with staff.

Winfield Hospital

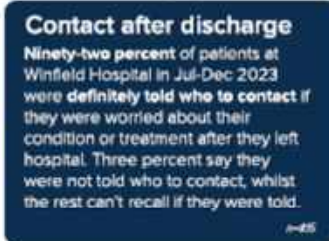
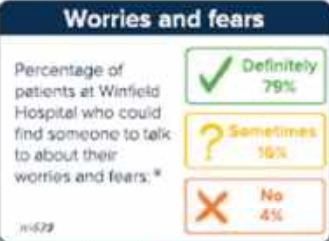
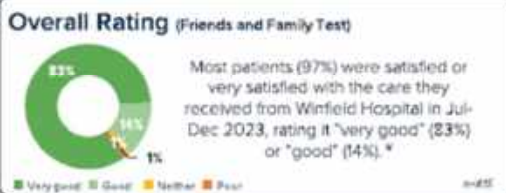
July - December 2023 Results

Winfield Hospital maintained its commitment to delivering exceptional care throughout July – December 2023. Notably, there were improvements across various key patient experience indicators, including the Net Promoter Score and the overall 'very good' rating. Additionally, more patients reported receiving clear post-discharge instructions, and having medication side effects thoroughly explained, however, these increases did not quite reach statistical significance.

NET PROMOTOR SCORE



Key Patient Experience Indicators



"My consultant was excellent as was the nursing care. Everyone was professional and thoughtful about me. They were kind and understanding [and] the nurse was also able to offer grief care and who might help with support. I was very impressed and grateful for their care of me."



Ratings summary

The percentage of patients at Winfield Hospital in Jul-Dec 2023 who give a '9' or '10' rating for these dimensions of care.

- Kindness and compassion: 92%
- Communication: 90%
- Information: 94%
- Confidence in care: 92%
- Consistent and coordinated care: 89%
- Managing pain and nausea: 90%
- Cleanliness and comfort: 90%
- Meals: 86%
- Overall customer service: 90%

* Sample size is between 50-100 responses, please treat results with caution.



* Percentages do not total 100% due to rounding.

Staff Engagement

We have continued our Employee Engagement Group, meeting on a monthly basis to discuss the ways we can involve and engage with our teams, whether it is in relation to social/charity events, organising team building/awareness events and celebratory arrangements. This has proven an insightful and worthwhile committee to boost staff morale and involvement in decision-making.

2.1.2 Clinical Priorities for 2024/25 (looking forward)

Patient Safety

Embedding the Patient Safety Incident Response Framework:

The Patient Safety Incident Response Framework (PSIRF) is a national policy setting out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents with the purpose of learning and improving patient safety, replacing the previous Serious Incident Framework (2015). The framework centres around these four key aims:

- Compassionate engagement and involvement of those affected by patient safety incidents (patients, families and staff)
- Application of a range of system-based approaches to learning from patient safety incidents
- Considered and proportionate responses to patient safety incidents
- Supportive oversight focused on strengthening response system functioning and improvement

PSIRF was implemented across Ramsay Hospitals in November 2023. The Winfield recognise the importance of developing and embedding the framework and safety culture with a commitment to improving patient safety. The culture further supports the Speaking up For Safety initiative, empowering staff and patients to discuss their concerns and feel supported and listened to.

Since the implementation of PSIRF in November 2023, the Winfield have:

- Introduced modules 1 and 2 of the national Patient Safety Syllabus to all appropriate staff, this provides an understanding of the learning approach, reducing the risk of system and process safety incidents and encouraging the development of a safety culture. We have achieved 86% compliance to these training modules.
- Conducting After Action Reviews and Hot Debriefs to offer support and guidance following a safety incident as well as identifying immediate learnings and good practice whilst the incident is still fresh in the minds of those involved
- Collaborative approach to Patient Safety Incident Investigations (PSII) and Thematic Analysis, providing an in-depth oversight of a singular or series of incidents to identify the gaps in systems and processes and develop a learning plan

- Established a group of clinical leaders who meet on a weekly basis to review incidents and contribute to learning responses and how we embed learning in clinical practice
- All serious incidents since November 2023 have been reviewed and have had a proportionate learning response conducted

In 2024/25, we will continue to embed the PSIRF approach in responding to safety incidents with particular focus on:

- Timely and meaningful engagement and response for all those involved or affected by the safety incident, including patients, families/carers and staff
- Continue reviewing all incidents and working with the established group of clinical leaders to develop learnings
- Considering established networks/pathways to support patients, families/carers and staff when incidents occur
- Develop various mechanisms to ensure that learning is captured and shared

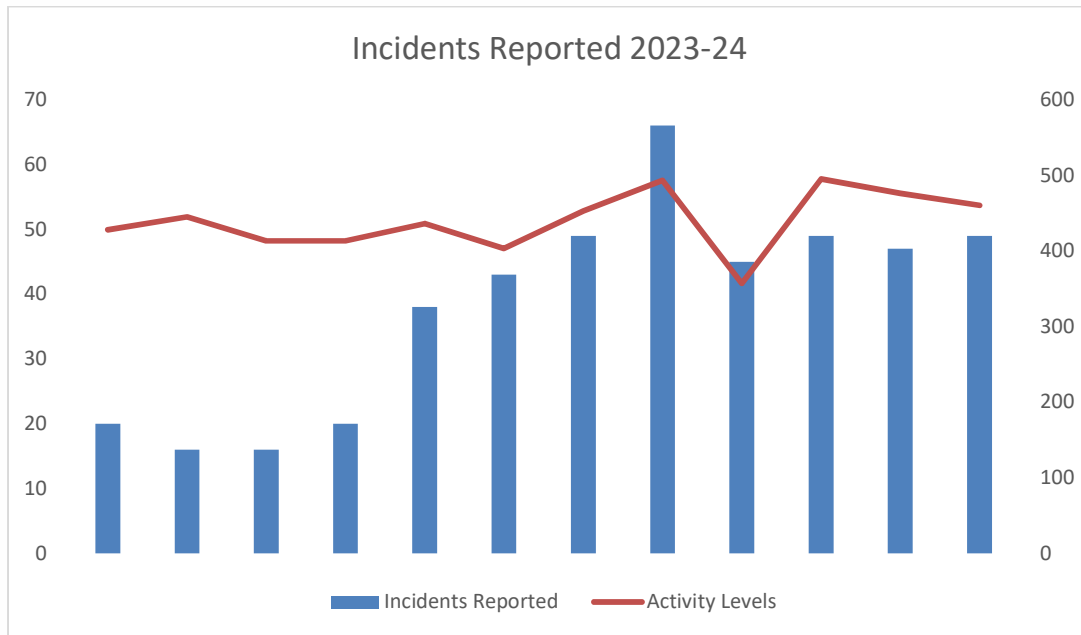
RADAR

Incident reporting is one of the most important sources of safety information to identify risks to patients and staff. Encouraging a consistent and healthy reporting culture across the Hospital enables us to identify, analyse and learn from incidents, alongside other sources such as audits and feedback.

Over the course of the previous 12 months, we have seen a healthy volume of incidents reported on a monthly basis, particularly as our harm levels remain low. In particular, we saw the increase in our reporting numbers the same month we transitioned from our previous reporting system, Riskman to our new reporting system Radar. This is likely due to the rollout of training around the system, highlighting the need to provide refresher sessions, and a change in our senior leadership team who communicated the importance of reporting all incidents and near misses.

In 2024/25, the focus around Radar and reporting incidents will be to:

- Rollout refresher training sessions targeting new starters
- Emphasise the importance of reporting incidents and encourage a healthy reporting culture
- Continue our existing weekly RADAR incident review meetings
- Continue reviewing incidents to monitor for trends and wider learning
- Focus on closing incidents in a prompt manner
- Issuing communications around incidents and learnings via a newsletter/weekly catch up



Speaking Up For Safety

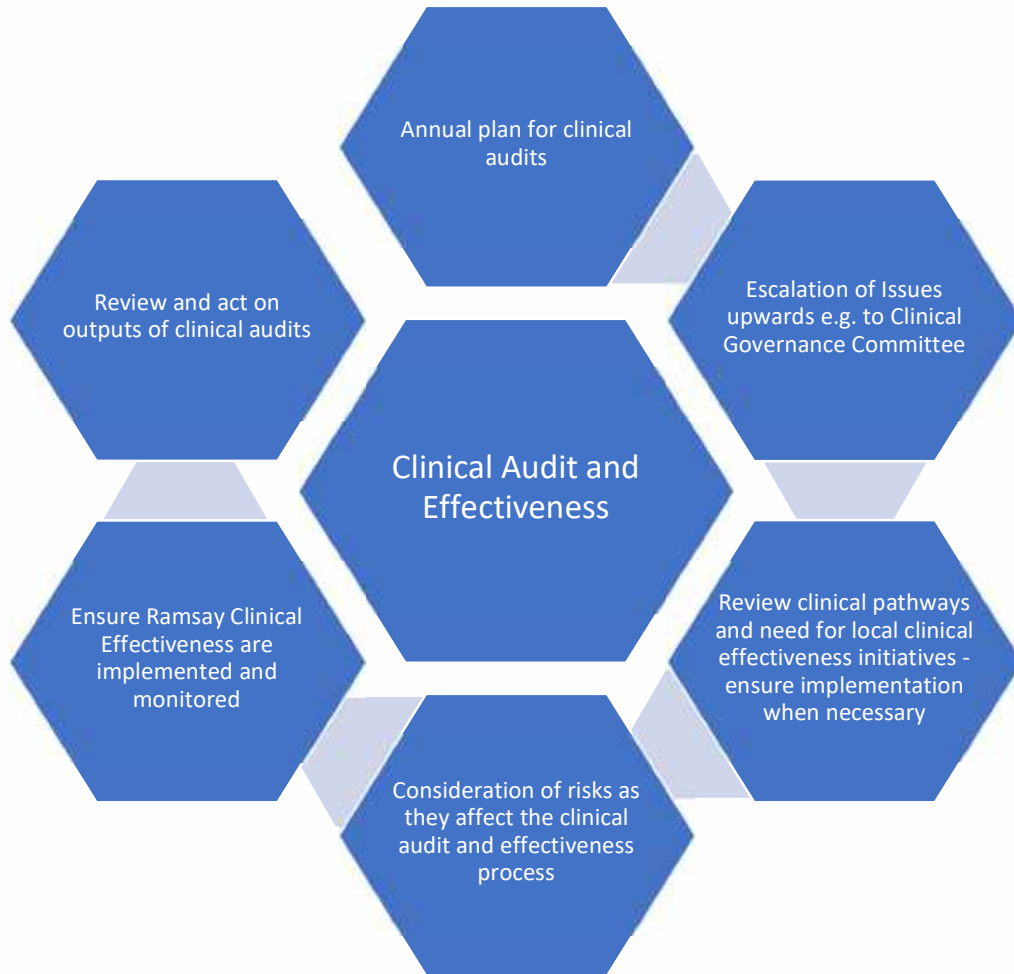
Ramsay Health Care UK is continuing with its Speaking up for Safety Programme and is currently training up some master trainers to ensure that speaking up for safety continues to be a priority within the organisation. The Promoting Professional Accountability (PPA) training will also continue in liaison with Ramsay Australia and the Vanderbilt University in America.

Clinical Effectiveness

Audits

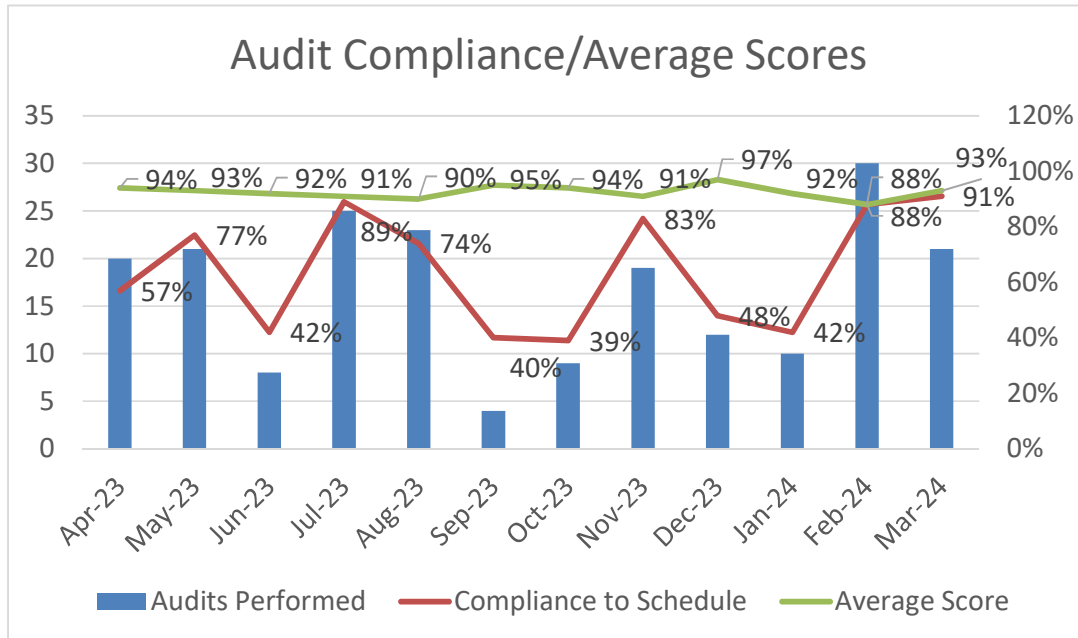
Undertaking local audits on a regular basis helps us understand how we measure against healthcare standards to identify non-compliance and areas requiring improvement. Ramsay Healthcare use Tendable, a platform that allows inspections and audits to be completed efficiently and appropriately, prompting inspectors to create actions to drive improvement. The Tendable platform allows the inspector to attach photographs and provide guidance on what the action should look like, making action planning easier and more effective.

In 2024, the Winfield introduced a Clinical Audit and Effectiveness Committee with the functions of the committee laid out below. The committee meet on a monthly basis, reviewing all audits performed and focusing on actions and improvements, escalating concerns as necessary. This also includes oversight on clinical outcomes, pathways and clinical effectiveness initiatives.



Clinical Audit and Effectiveness Terms of Reference

In 2023/24, the Winfield Hospital completed 213 Tendable Audits:



As shown in the graph above, our average audit score consistently stays above 90% however, our compliance to the audit programme fluctuates and averages at 65% over the whole year. As an action to improve our audit compliance, we have increased the amount of staff who have access and are able to perform audits and create action plans, implementing training with these users as to not influence the quality of the audit undertaken and ensuring that appropriate action plans are created.

Moving into 2024/25, our audit programme will reset on the 1st July 2024 and the focus for audits will be to:

- Achieve a 95%+ compliance rate
- Achieve a 95%+ pass rate
- Continue to review and discuss audits and action plans on a monthly basis in the established Clinical Audit and Effectiveness Committee
- Focus on producing robust action plans and sharing learnings
- Continue to escalate concerns found through clinical audit

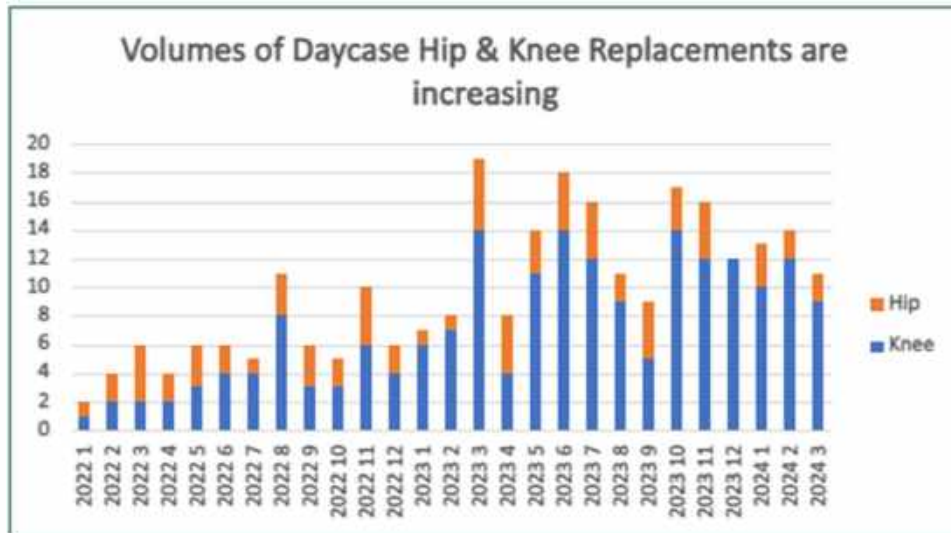
Operational Excellence

A key part of our strategy is to grow our services by embracing ways to support our operations in becoming innovative and productive. To continually challenge ourselves to grow operational and clinical efficiency and effectiveness, whilst tracking our success, we are focusing on the below areas to build on these practices to consistently deliver outstanding care:

- Pre-Operative Assessment Framework: Embedding the new framework, which provides clarity and flexibility to deliver modern Pre-Operative assessment

services with the critical component of ensuring the optimal health and safety of patients before admission and surgery. The aim is to have patients marked fit to proceed (or not fit to proceed) at least 10 working days before their 'To Come In' date, enhancing the patient experience and minimising cancellations that cannot be back-filled.

- Enhanced Recovery Pathway for Hip and Knee Replacement: Continuing the enhanced recovery pathway, which aims to reduce a patient's recovery time following surgery and improve patient outcomes. To do this, orthopaedic enhanced recovery pathways encourage the patient to be active in the process of their recovery, with Multidisciplinary teams combining evidence-based steps so that care is consistent for each patient.



- Utilisation of Power BI Reports: Operational excellence dashboards are now available to sites and are a pivotal part of the roadmap to growth, providing insights into our performance across key pathway stages. The dashboard focuses on:
 - Theatre Utilisation: providing a detailed analysis of utilisation, comparing actual vs booked sessions.
 - Conversion Rates: providing a detailed analysis of the number and detail of initial outpatient appointments that have converted to a procedure or surgical intervention.
 - Pre-Admission Reports: providing a detailed oversight of the collection of Patient Health Questionnaires (PHQ), Elective List Entry (ELE) immediately upon Decision to Treat and understanding the amount of Pre-Admission triages are performed within five business days of the ELE to ensure the appropriate approach to POA is taken.

Patient Experience:

Patient Feedback:

Continuous improvement remains a high priority within the hospital, and we take every opportunity to obtain and react to patient feedback. In addition to direct patient contact, we receive feedback through the following channels:

- The Friends and Family Test
- NHS Choices
- Reputation / Google
- Complaints
- We Value Your Opinion Cards
- 3rd Party Data Collection of Patient Feedback (Cemplicity)

Cemplicity are a highly used and respected 3rd party data collection service, specialised in healthcare data and analysing feedback and outcomes from patients. We plan on continuing to review and analyse the feedback we receive via Cemplicity and other sources to identify areas requiring improvement and enhance the care and experience we deliver to our patients.

Patient Experience Group:

All feedback both positive and negative provides us with an opportunity to learn and improve our services, for patients, family and staff. The Winfield have an established Patient Experience Group meeting on a bi-monthly basis to review themes from patient outcomes, complaints and feedback. Data collected from Cemplicity, Friends and Family tests and formal complaints are analysed and a collaborative approach is used to identify areas of concern, how we can learn from the feedback and embed this in practice.

There is a high importance for patients to be involved in these discussions and to use their feedback in shaping our services to meet their needs. For 2024/25, we are focusing on re-establishing a Patient Focus Group, which will involve the attendance and contribution of a group of patients to voice their opinions in reflection of our services, feedback and outcomes.

2.2 Mandatory Statements

The following section contains the mandatory statements common to all Quality Accounts as required by the regulations set out by the Department of Health.

2.2.1 Review of Services

During 2023/24 Winfield Hospital provided and/or subcontracted 18,054 NHS services.

Winfield Hospital has reviewed all the data available to them on the quality of care in all 18,054 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2023 to 31st March 2024 represents 100 per cent of the total income generated from the provision of NHS services by Winfield Hospital for 1 April 2023 to 31st March 2024

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are reviewed each year. The scorecard is reviewed each quarter by the hospitals Senior Leadership Team together with Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.

In the period for 2023/24, the indicators on the scorecard which affect patient safety and quality were:

Human Resources	
Staff Cost % Net Revenue	36.47%
HCA Hours as % of Total Nursing	21.69%
Agency Cost as % of Total Staff Cost	14.97%
Ward Hours PPD	5.38
% Staff Turnover	25.7%
% Sickness	4.11%
% Lost Time	25.18%
% Appraisal	82.7%
% Mandatory Training	92%
Staff Satisfaction Score	60% engaged 60% included 69% well-being
Number of Significant Staff Injuries	0
Patient	
Formal Complaints per 1000 HPD's	0
Patient Satisfaction Score	94.5%
Significant Clinical Events per 1000 Admissions	0.62%
Readmission per 1000 Admissions	1.21%

Quality	
Workplace Health & Safety Score	96.5%
Infection Control Audit Score	91.1%
Consultant Satisfaction Score	N/A

2.2.2 Participation in clinical audit

During 1 April 2023 to 31st March 2024 Winfield Hospital participated in four national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Winfield Hospital participated in, and for which data collection was completed during 1 April 2023 to 31st March 2024, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of Audit / Clinical Outcome
Review Programme
British Spine Registry
National Joint Registry (NJR) ^{2,3}
Surgical Site Infection Surveillance Service

Footnotes:

1 National Clinical Audit and Patient Outcomes Programme (NCAPOP) project

2 Project participates in the Clinical Outcomes Publication (COP)

3 Projects with multiple work streams are reflected in the HQIP National Clinical Audit and Enquiries Directory
Version: January 2019 Elective Surgery - National PROMs Programme

Count	Project name (A-Z)	Provider organisation
3	British Spine Registry	Amplitude Clinical Services Ltd
12	Mandatory Surveillance of HCAI	Public Health England
14	Medical and Surgical Clinical Outcome Review Programme 1	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
23	National Bariatric Surgery Register 2	British Obesity and Metabolic Surgery Society
28	National Comparative Audit of Blood Transfusion programme - 2020 Audit of the management of perioperative paediatric anaemia 3	NHS Blood and Transplant
33	National Joint Registry 2, 3	Healthcare Quality improvement Partnership
37	National Ophthalmology Database Audit ²	The Royal College of Ophthalmologists

42	NHS provider interventions with suspected / confirmed carbapenemase producing Gram negative colonisations / infections.	Public Health England
45	Perioperative Quality Improvement Programme (PQIP)	Royal College of Anaesthetists
48	Serious Hazards of Transfusion Scheme (SHOT)	Serious Hazards of Transfusion (SHOT)
50	Surgical Site Infection Surveillance	Public Health England

The reports of four national clinical audits from 1 April 2023 to 31st March 2024 were reviewed by the Clinical Governance Committee and Winfield Hospital intends to take the following actions to improve the quality of healthcare provided.

From the four national audits the Winfield participated in, we made a few actions following the results of the data:

- We are comparing SSI data with data reported onto RADAR to ensure that all our infections are accurately reported and investigated.
- We have recently starting using Amplitude for the British Spine Registry submissions for spinal outcomes and this has been implemented which allows us to monitor the submission of data to ensure we have inclusive outcome.

Local Audits

The reports of 213 local clinical audits from 1 April 2023 to 31st March 2024 were reviewed by the Clinical Governance Committee and Winfield Hospital intends to take the following actions to improve the quality of healthcare provided. The clinical audit schedule can be found in Appendix 2. From the 213 audits, some of the key focuses and actions revolve around:

- Ward Refurbishment due to begin July 2024 – a result of cleanliness audits and patient feedback.
- Rolling maintenance/touch-up programme
- Awareness shared with housekeeping and clinical team regarding cleanliness and cleaning schedules.
- Training all HODS in Safeguarding Level 3
- Developing a Safeguarding SOP to support practice
- Awareness of completing the risk assessments Pre-Admission and following admission to the ward

2.2.3 Participation in Research

There were no patients recruited during 2023/24 to participate in research approved by a research ethics committee.

2.2.4 Goals agreed with our Commissioners using the CQUIN (Commissioning for Quality and Innovation) Framework

Winfield Hospital's income from 1 April 2023 to 31st March 2024 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

2.2.5 Statements from the Care Quality Commission (CQC)

The Care Quality Commission has not taken enforcement action against Winfield Hospital during 2023/24.

Winfield Hospital had an unannounced visit by the Care Quality Commission in January 2024, relating to concerns raised around the decontamination process and delays in moving to the newly built Decontamination Hub, as well as around audit processes used within the Hospital.

Following the visit, the Winfield Hospital received feedback from the CQC that reflected highly of good practice found, but also identified that there were some areas needing improvement. The Winfield Hospital intends to take the following action to address the conclusions reported by the CQC:

- Planned improvement for the swab audit.
- The decontamination unit transitioned to the decontamination hub on 01/03/2024.
- We have invested in replacing the cleaning machines used for scopes in Endoscopy and these are due to be replaced in the summer 2024.
- Damaged windows in theatre corridors will be refurbished during planned refurbishment.
- Increased infection rates for one consultant, which is currently being reviewed and monitored with action plans in place.

2.2.6 Data Quality

Statement on relevance of Data Quality and your actions to improve your Data Quality

Data Quality plays a vital role in healthcare; it is often the basis for decision-making and quality improvement projects, contributing to identifying trends and assessing our services and driving future financial and operational plans. It is therefore vital that we encourage robust and accurate documentation and administration on our Electronic Patient Record across the Hospital.

Winfield Hospital monitors administrative data such as activity levels, utilisation, cancellations and financial metrics using BI reporting mechanisms. This data forms part of our monthly and annual reviews, both on a local and corporate level and through the use of analysis, we can determine the accuracy of the data.

Patient Records are regularly reviewed as part of clinical audits where we can highlight the appropriate use of the electronic patient record and flag any concerns or system/user gaps identified. All staff who scan and audit documents imported onto Maxims have undergone training and competencies to do so. The Winfield currently have 100% compliance to the Information Security E-Learning training across all staff.

NHS Number and General Medical Practice Code Validity

Winfield Hospital submitted records during 2021/22 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

The patient's valid NHS number:

- 99.0% for admitted patient care;
- 99.5 for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

- 99.5% for admitted patient care.
- 88.6% for outpatient care; and
- NA for accident and emergency care (not undertaken at our hospital).

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd status is 'Standards Met'. The 2023/2024 submission is due by 30th June 2024.

This information is publicly available on the DSP website at:

<https://www.dsptoolkit.nhs.uk/>

Clinical coding error rate

Winfield Hospital was subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Hospital Site	NHS Admitted Care Sample 50 Episodes of Care	Primary Diagnosis % Correct	Secondary Diagnosis % Correct	Primary Procedure % Correct	Secondary Procedure % Correct
Winfield	Completed March 2024	100%	100%	100%	100%

**Ramsay Health Care DSPT_IG Requirement 505 Attainment Levels as at May 2024*

2.2.7 Stakeholders views on 2021/22 Quality Account

NHS Gloucestershire Clinical Commissioning Group's (GCCG) response to Ramsay Health Care Group Winfield Hospital's Quality Accounts 2023/24

Gloucestershire Integrated Care Board (GLICB) is pleased to have the opportunity to pass comment on Ramsay Healthcare Group's Winfield Hospital's Annual Quality Account.

GLICB is responsible for planning and procuring local NHS funded services which accounts for 45% of the services provided by the Winfield Hospital. As the Hospital has noted, they are a key partner for the safe and effective delivery of healthcare, with a focus on good patient safety and experience.

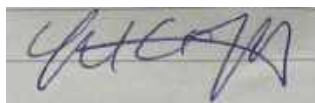
Over the last year the Hospital has introduced the Patient Safety Incident Response Framework (PSIRF) which cemented the positive way the hospital was already working to promote learning and service improvement. The open culture the Winfield supports was noted in our visit earlier in the year and the proactive way the hospital engages with patients and staff is to be commended.

A positive patient experience is often directly linked to the workforce enjoying a positive staff experience. The investment the Winfield continues to make in their apprenticeship scheme, focus on workforce planning and opportunity for staff to volunteer is to be commended.

GLICB were pleased that the CQC rated the hospital as 'good' across all domains. This rating reflects our own views of the hospital and is supported by the patient feedback we have received.

We have previously commented that it is disappointing that the hospital's Patient Focus Group remains paused. While the patient experience information provided by the hospital shows positive outcomes and experiences, we support the desire to fully reintroduce the Patient Focus Group.

As with 2022/23, GLICB is pleased with the information presented in the Quality Account, which provides a balanced view of the Winfield Hospital's services. We look forward to seeing the outcome of their ambition to further improve services for patients in the forthcoming year.



Marie Crofts

Executive Nurse and Quality Lead

NHS Gloucestershire ICB

Part 3: Review of quality performance 2023/24

Statements of quality delivery

Head of Clinical Services (Matron), Monika Kiss

Review of quality performance 1st April 2023 - 31st March 2024

Introduction

Ramsay Clinical Governance Framework 2023/24

The aim of clinical governance is to ensure that Ramsay develop ways of working which assure that the quality of patient care is central to the business of the organisation.

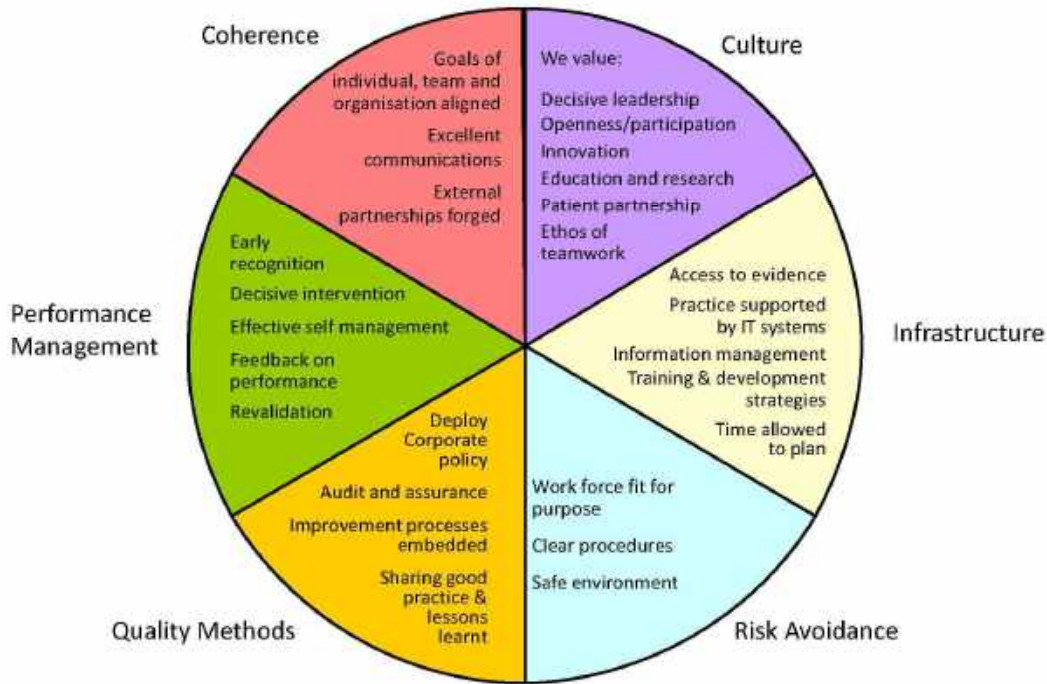
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

Several models have been devised to include all the elements of Clinical Governance to provide a framework for ensuring that it is embedded, implemented and can be monitored in an organisation. In developing this framework for Ramsay Health Care UK we have gone back to the original Scally and Donaldson paper (1998) as we believe that it is a model that allows coverage and inclusion of all the necessary strategies, policies, systems and processes for effective Clinical Governance. The domains of this model are:

- Infrastructure
- Culture
- Quality methods
- Poor performance
- Risk avoidance
- Coherence

Ramsay Health Care Clinical Governance Framework



National Guidance

Ramsay also complies with the recommendations contained in technology appraisals issued by the National Institute for Health and Clinical Excellence (NICE) and Safety Alerts as issued by the NHS Commissioning Board Special Health Authority.

Ramsay has systems in place for scrutinising all national clinical guidance and selecting those that are applicable to our business and thereafter monitoring their implementation.

3.1 The Core Quality Account indicators

Mortality

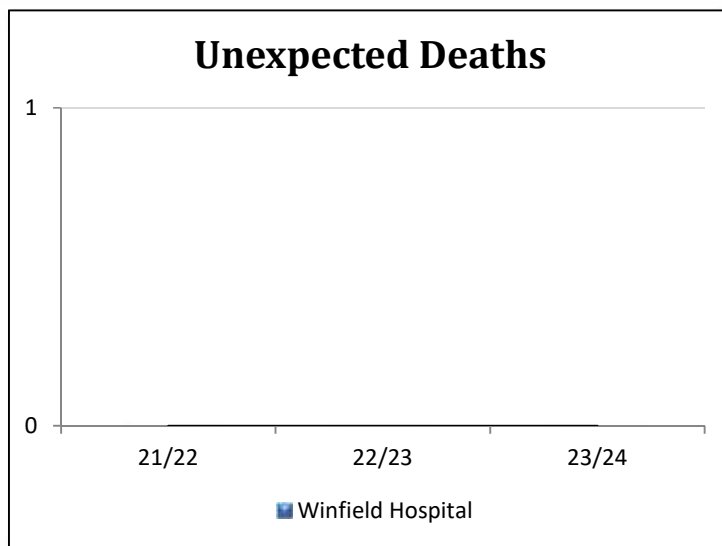
Mortality:	Period	Best		Worst		Average		Period	Winfield	
	Apr20 - Mar 21	RRV	0.6908	RM1	1.201	Average	0.0078	21/22	NVC22	0.0000
Dec21 - Nov22	R1K02	0.2456	RHCH	2.1583	Average	1.0965	22/23	NVC22	0.0000	
Nov22-Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC22	0.0000	

Winfield Hospital considers that this data is as described for the following reasons:

During this period, the Winfield Hospital have reported zero deaths.

Winfield Hospital intends to take the following actions to maintain a 0% mortality rate, and so the quality of its services, by:

- Continue to provide and allocate training so that staff are equipped with the appropriate skills and knowledge to effectively react, in line with national guidance, in the event of a deteriorating patient.
- Perform a minimum of four scenarios per year to keep staff confident and competent
- Continue to report any serious incidents or deaths to the Care Quality Commission and local Commissioning Groups



National PROMs

PROMS:	Period	Best	Worst	Average	Period	Winfield
Hips	Apr19 - Mar 20	NTPH1 25.5465	NT411 17.059	Eng 22.6867	Apr19 - Mar 20	NVC22 21.524
	Apr20 - Mar 21	NV302 25.7015	NVC20 17.335	Eng 22.9812	Apr20 - Mar 21	NVC22 24.193
	Apr21 - Mar 22	NT333 26.0042	NVC20 7.31011	Eng 22.8474	Apr21 - Mar 22	NVC22 23.493
Knees	Apr19 - Mar 20	RR7 20.6878	R1K 12.6215	Eng 17.4858	Apr20 - Mar 21	NVC22 18.314
	Apr20 - Mar 21	NVC23 20.2502	RXP 11.9159	Eng 16.8858	Apr19 - Mar 20	NVC22 18.828
	Apr21 - Mar 22	RCF 20.6336	NT209 14.2667	Eng 17.6247	Apr20 - Mar 21	NVC22 17.815

Winfield Hospital considers that this data is as described for the following reasons:

The Winfield Hospital provide information to patients explaining the important of returning their post-operative questionnaires to encourage return rates. We continue to set realistic post-operative expectations and provide appropriate rehabilitation for patients.

Winfield Hospital intends to take the following actions to improve this score, and so the quality of its services, by:

- Continue to encourage patients to participate in PROMS submissions and monitoring outcomes to improve the quality of our care.

Readmissions within 28 days

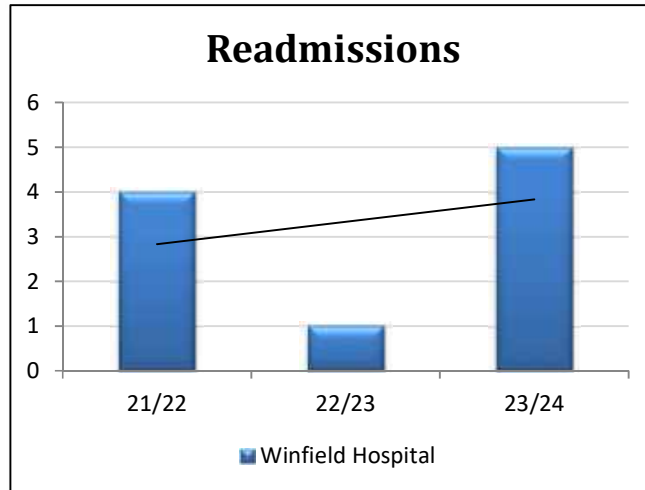
Readmissions:	Period	Best		Worst		Average		Period	Winfield	
	18/19	N/A	N/A	N/A	N/A	N/A	Eng	14.3	21/22	NVC22
19/20	N/A	N/A	N/A	N/A	N/A	Eng	13.7	22/23	NVC22	0.00038
20/21	N/A	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC22	0.00230

Winfield Hospital considers that this data is as described for the following reasons:

- Reviewing and updating our admission criteria in guidance of the Gloucestershire Anaesthetic Service (GAS)
- Increasing the volume of Anaesthetist Assessments pre-operatively for patients who are on or over the border of the admission criteria.
- Actively encourage patients to contact the Winfield for any post-operative complications after discharge

Winfield Hospital has taken the following actions to improve this number, and so the quality of its services, by:

- Pre-Optimisation of patients in line with the new Pre-Assessment Framework, we will be working towards the goal of triaging and Pre-Assessing a patient, deeming them fit to proceed with surgery before booking their surgery date.
- Continuing to report re-admissions to our risk reporting system alongside completing an investigation. Re-admissions, as a KPI, are monitored through regular trend analysis and if any non-compliances to best practice or policy are identified these are discussed and actioned.
- The Winfield will also continue to submit data to PHIN monthly. All readmissions are discussed during monthly Heads of Department meetings and quarterly Clinical Governance and Medical Advisory Committee meetings.



Responsiveness to Personal Needs

PHIN Experience score (suite of 5 questions giving overall Responsive to Personal Needs score):



Break down per question and overall responsiveness score taken from Ramsay's external patient experience survey, Period April 2023 - March 2024:

	Winfield Score	Ramsay UK Average
PHIN Patient Experience	9.5	9.4
Involved in decisions	9.5	9.3
Talking about worries and fears	8.7	8.6
Enough privacy	9.8	9.7
Treated with respect and dignity	9.8	9.7
Told about medication side effects	8.9	8.8
Told who to contact	9.6	9.6

VTE Risk Assessment

VTE Assessment:	Period	Best		Worst		Average		Period	Winfield	
	Q1 to Q4 18/19	Severall	100%	NVCOM	41.6%	Eng	95.6%	Q1 to Q4 18/19	NVC22	95.4%
Q1 to Q3 19/20	Severall	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC22	98.2%	

Winfield Hospital considers that this data is as described for the following reasons:

Please note, due to COVID-19 the VTE Risk Assessment data submission was paused and there is no published data after Q3 2019/20.

- Good compliance with VTE Risk Assessment, with no patient attending the operating theatre without the completed and reviewed assessment being accessible on our Electronic Patient Record.
- Staff understand the importance of the VTE Risk Assessment
- VTE Champion appointed and quarterly VTE committee meetings

Winfield Hospital intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Monitor compliance through local audit
- Ongoing staff education and learnings shared
- Continued compliance to national and local guidance for VTE Risk Assessment

C difficile infection

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Winfield	
	2020/21	Severall	0	RPC	81.0	Eng	15.0	2021/22	NVC22	0.0
2021/22	Severall	0	RPY	54.0	Eng	16.0	2022/23	NVC22	0.0	

Winfield Hospital considers that this data is as described for the following reasons:

The Winfield Hospital has had no reported cases of clostridium difficile infection.

Winfield Hospital intends to take the following actions to maintain this rate, and so the quality of its services, by:

- Maintaining high standards of infection prevention control

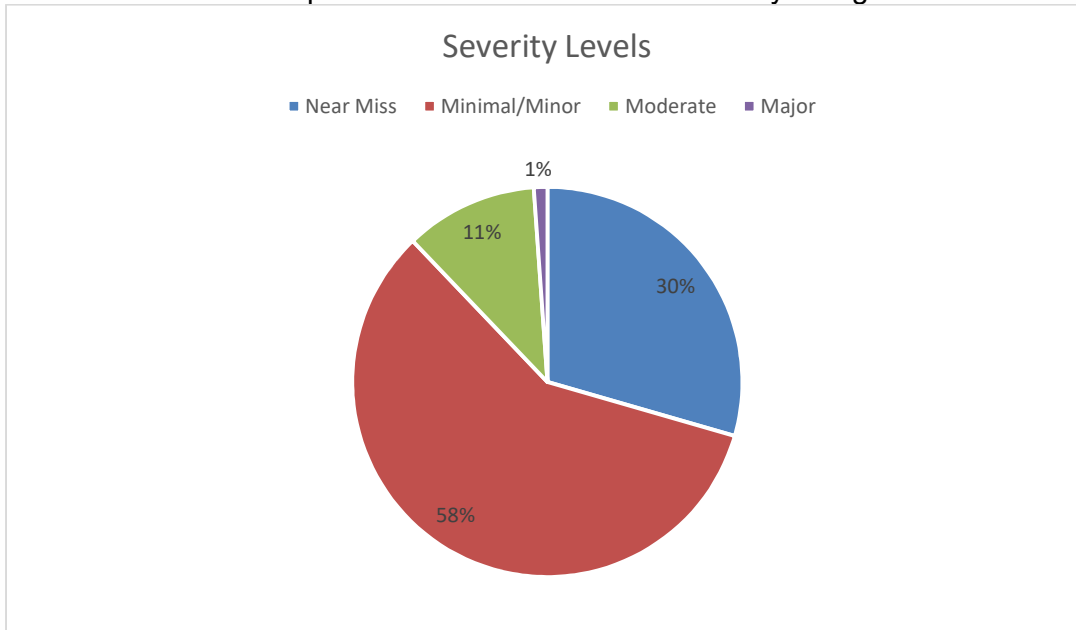
- Continued reporting of all infections and infection related incidents
- Continued escalation to IPC committee and local microbiologists, consultants and commissioning groups as required

Patient Safety Incidents with Harm

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Winfield	
	Oct19 - Mar20	Severall	0.00	Severall	0.50	Eng	0.20	2021/22	NVC22	0.00
2021/22	RAX	0.03	RJR	1.08	Eng	0.30	2022/23	NVC22	0.00	
2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC22	0.00	

Winfield Hospital considers that this data is as described for the following reasons:

The Winfield Hospital practices with patient safety as a core priority, delivering the safest possible patient care in a controlled manner to provide the best possible outcomes. We have reported zero incidents with a severity rating of 1.



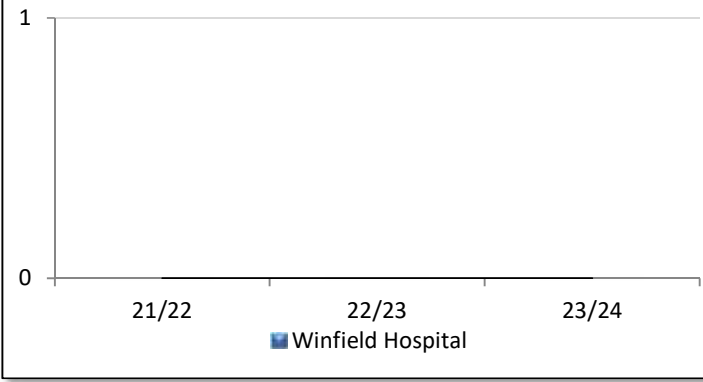
Winfield Hospital intends to take the following actions to maintain a low proportion of harmful incidents, and so the quality of its services, by:

- Continued analysis of patient safety incidents to identify areas and gaps for improvement
- Continued optimisation of patients pre-operatively
- Continue to encourage the reporting of all incidents and near misses to identify trends and gaps in systems or processes

Rate per 100 discharges:

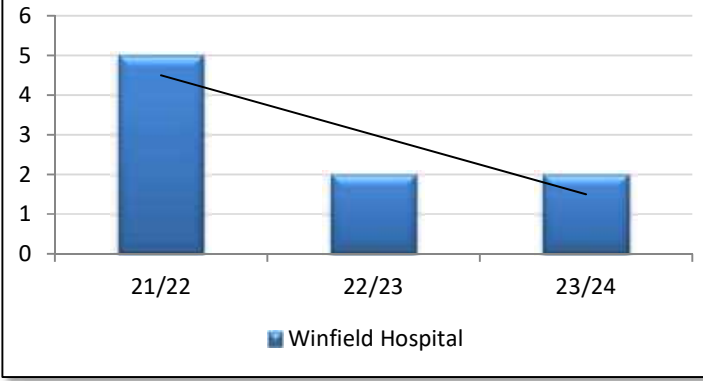
SUIs (Severity 1)

All Types of Event: Hazard, Non-Patient Clinical, Clinical, Patient, Property / Security / Business Continuity and Safety

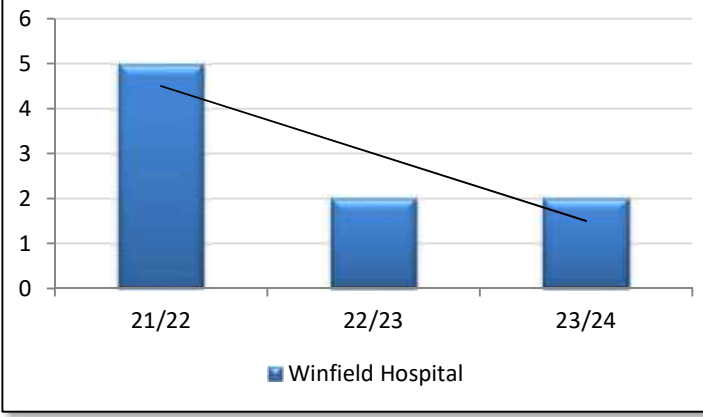


SUIs (Severity 1 or 2)

All Types of Event: Hazard, Non-Patient Clinical, Clinical, Patient, Property / Security / Business Continuity and Safety



SUIs (Severity 1 or 2) Type of Event: Patient



Friends and Family Test

F&F Test:	Period	Best		Worst		Average		Period	Winfield	
	Feb-22	Several	100%	RTK	77.0%	Eng	94.0%	Feb-22	NVC22	100.0%
	Feb-23	Several	100%	RAL	56.0%	Eng	95.0%	Feb-23	NVC22	100.0%
	Jan-24	Several	100%	RTK	74.0%	Eng	94.0%	Jan-24	NVC22	100.0%

Winfield Hospital considers that this data is as described for the following reasons:

Patient safety and quality of care is a primary focus of the service we deliver, and patient feedback is significant in measuring the quality and performance of this. The Winfield deliver high standards of service and care, driving consistent scores that confirm our commitment to the standards we aim to achieve.

Winfield Hospital intends to take the following actions to maintain a high friends and family score and so the quality of its services, by:

- Continuing to deliver high standards of service and care
- Continue to encourage patient feedback to improve the services that we offer
- We are monitoring the results and feedback left and highlight trends identified. All feedback received is discussed during monthly meetings.

3.2 Patient safety

We are a progressive hospital and focussed on stretching our performance every year and in all performance respects, and certainly in regards to our track record for patient safety.

Risks to patient safety come to light through a number of routes including routine audit, complaints, litigation, adverse incident reporting and raising concerns but more routinely from tracking trends in performance indicators.

Our focus on patient safety has resulted in a marked improvement in a number of key indicators as illustrated in the graphs below.

3.2.1 Infection prevention and control

Winfield Hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia.

We comply with mandatory reporting of all Alert organisms including MSSA/MRSA Bacteraemia and Clostridium Difficile infections with a programme to reduce incidents year on year.

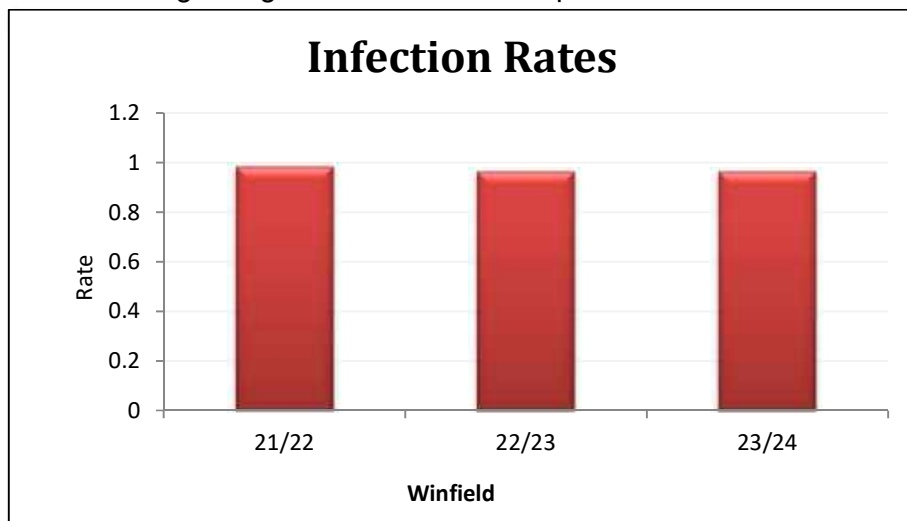
Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery, and these are also monitored.

Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by a Corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements in performance and in practice year on year.

A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.

Programmes and activities within our hospital include:

- Quarterly Infection Prevention Control Meetings involving our local Consultant Microbiologist
- Departmental IPC link roles led by a lead IPC link nurse
- Infection trend analysis and investigations, reviewed by our Clinical Governance and IPC Committees
- Mandatory face-to-face training for all staff on Hand Hygiene and Infection Prevention Control
- Mandatory Infection Prevention Control e-Learning for all staff
- Monthly Hand Hygiene and 50 Steps Cleaning audits across clinical departments and hospital wide
- Auditing of surgical site infections using the Surgical Site Infection Surveillance scheme (SSIS)
- Infection Prevention and Control audits including Surgical Site Infection, IPC Environmental Infrastructure, IPC Linen Management, IPC Governance, Sharps
- Providing the facilities required for staff, patients and visitors to perform hand hygiene
- Training in Aseptic Non Touch Techniques (ANTT)
- Annual Hospital Infection Control Plan
- Annual Hospital Infection Control Report
- Dedicated Pharmacist with an ongoing focus on direct engagement with consultants regarding antibiotic stewardship



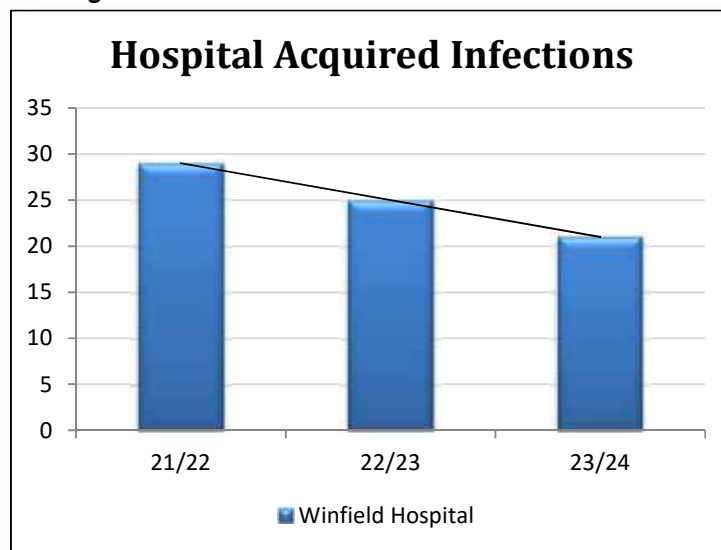
As can be seen in the above graph our infection control rate has maintained at a similar rate in comparison to the last year. In comparison to the national average, we have a rate of 0.3% for Other Infection (Excluding Hips and Knees), 1.3% for Hips and 1.1% for Knees.

Period	Best		Worst		Average		Winfield	
2021/22	SiteA2	24.5	SiteB2	21	Eng	22.1	NVC22	0.9847
2021/23	SiteA3	25.5	SiteB3	22	Eng	23.1	NVC22	0.9651
2021/24	SiteA4	26.5	SiteB4	23	Eng	24.1	NVC22	0.9651

Last 3 years local infection rates Winfield Hospital

Whilst our infection rates have remained at a similar rate, our activity level has increased alongside the increased complexity of patients, and as shown in the below graph in comparison to our discharges our infections have reduced. This is reflected on the graph below.

Rate per 100 discharges:



3.2.2 Cleanliness and hospital hygiene

Assessments of safe healthcare environments also include **Patient-Led Assessments of the Care Environment (PLACE)**

PLACE assessments occur annually at Winfield Hospital, providing us with a patient's eye view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our hospital see it and how it can be improved.

The main purpose of a PLACE assessment is to get the patient view

The Winfield Hospital have not participated in a PLACE audit since 2019, pre-COVID. The data below reflects the last available scores from this assessment:

Area	Score %	National Average
Cleanliness	100%	98.6%
Food	99.12%	92.2%
Privacy, Dignity and Wellbeing	79.59%	86.1%
Condition, Appearance and Maintenance	99.67%	96.4%
Dementia	79.35%	80.7%
Disability	82.24%	82.5%

3.2.3 Safety in the workplace

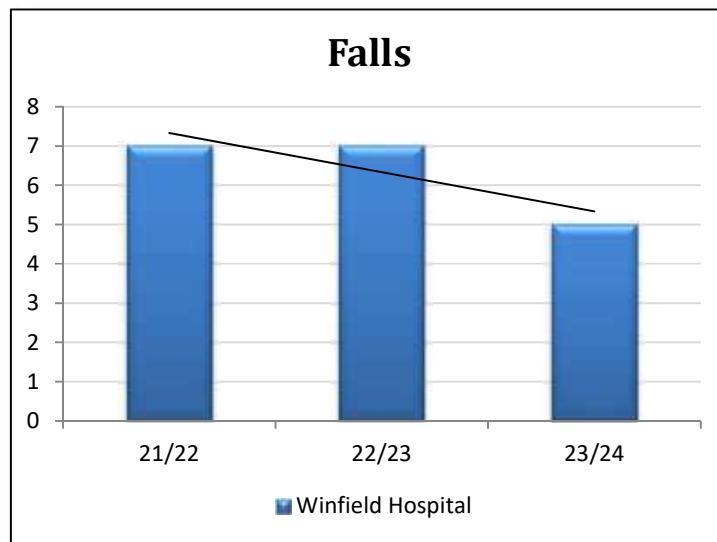
Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding patient safety. Our record in workplace safety as illustrated by Accidents per 1000 Admissions demonstrates the results of safety training and local safety initiatives.

Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls and new and revised policies are cascaded in this way to our Hospital Director which ensures we keep up to date with all safety issues.

- Mandatory training for all staff in Moving and Handling, Health and Safety, Fire and Security
- Training on the new Risk Reporting System, RADAR
- Encourage a healthy culture of incident reporting
- Investigate and review incidents and near misses, sharing outcomes and learnings with staff
- Review and discuss all risks and incidents at Health and Safety Meetings, Clinical Governance and monthly SLT meetings
- Completion of audits in line with the audit programme, implementing action plans as required and sharing learnings or concerns
- Speaking up For Safety Initiative
- Annual review of the Business Continuity Plan (BCP)
- Review of Health & Safety plans on an annual basis
- Review of Risk Register at monthly SLT meetings
- Departmental Risk Registers which are accessible to all staff
- Weekly Fire Alarm tests
- Fire drills to assess appropriate and timely responses

- Ramsay Central Alert System (CAS) shared amongst HODS and leadership team
- Safety Flash Alerts cascaded across Ramsay as widely shared learnings
- Lead Occupational Health Nurse who monitors staff immunisation and administers annual Flu Vaccines
- Mental health first aiders who offer support to staff
- Appropriate policies and SOPs to guide staff around maintaining safety at work

Rate per 100 discharges:



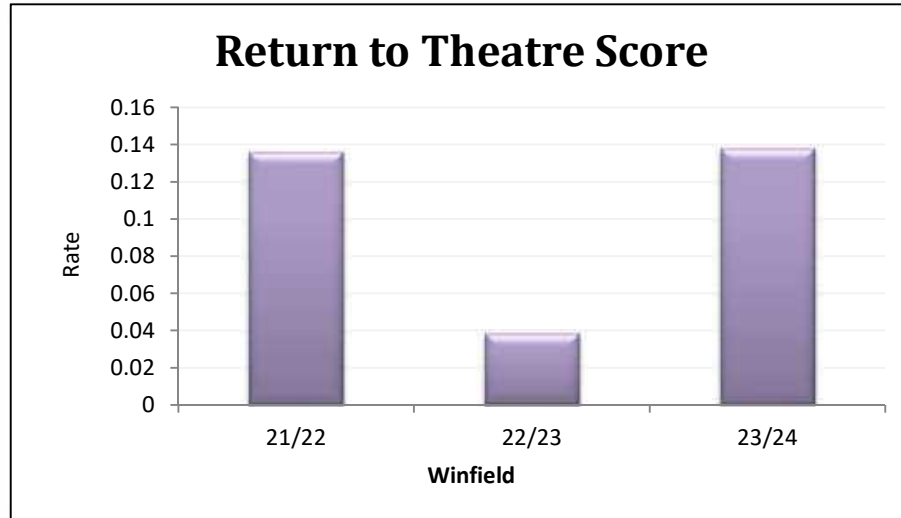
3.3 Clinical effectiveness

Winfield Hospital has a Clinical Governance team and committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More importantly, recommendations for action and improvement are presented to hospital management and medical advisory committees to ensure results are visible and tied into actions required by the organisation as a whole.

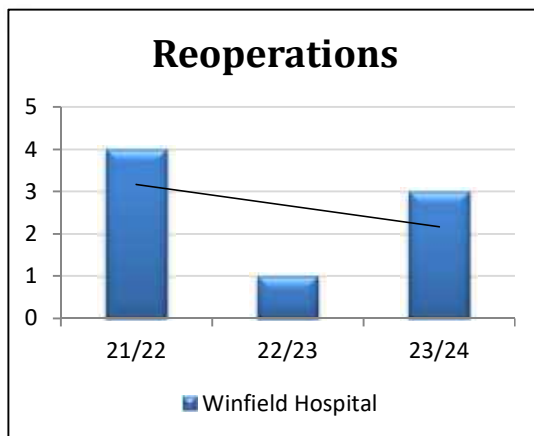
3.3.1 Return to theatre

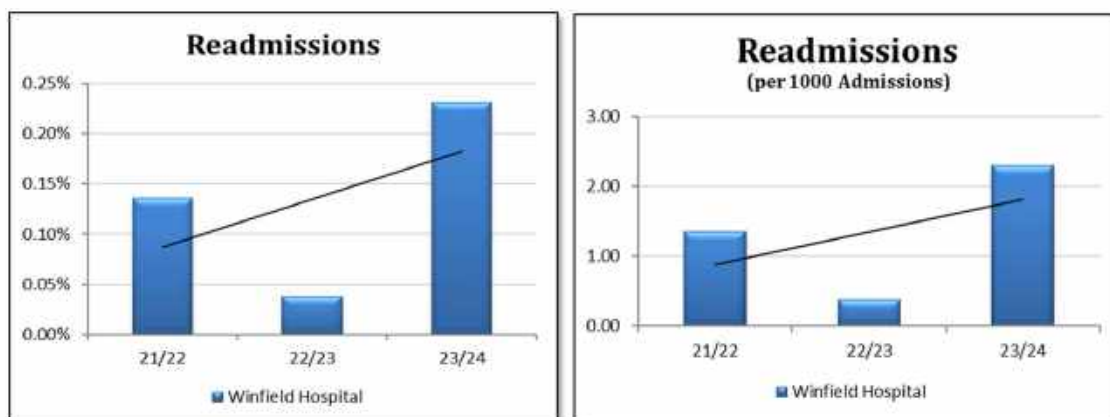
Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention carries a risk of complication so some incidence of returns to theatre is normal. The value of the measurement is to detect trends that emerge in relation to a specific operation or

specific surgical team. Ramsay's rate of return is very low consistent with our track record of successful clinical outcomes.



As can be seen in the above graph our returns to theatre rate has increased over the last year by 0.1%. There are no themes identified throughout reviewing these incidents and the Winfield will continue to optimise our patients pre-operatively in line with our admission criteria and anaesthetic assessments.





3.3.2 Learning from Deaths

The Winfield have no reported deaths during the reporting period 1st April 2023 to the 31st March 2024.

The Winfield will continue to ensure compliance with guidance from the ICB and Ramsay policies on reporting incidents. The Winfield employ a high level of skilled workers who are trained on the relevant policies including; Management of the Deteriorating Patient and Introduction to the Sepsis Pathway. Quarterly resuscitation scenarios are carried out to ensure that staff are competent and confident with the escalation process.

3.3.3 Staff Who Speak up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts and NHS Foundation Trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS Trusts and NHS Foundation Trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment by doing so. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

In 2018, Ramsay UK launched 'Speak Up for Safety', leading the way as the first healthcare provider in the UK to implement an initiative of this type and scale. The programme, which is being delivered in partnership with the Cognitive Institute, reinforces Ramsay's commitment to providing outstanding healthcare to our patients and safeguarding our staff against unsafe practice. The 'Safety C.O.D.E.' enables staff to break out of traditional models of healthcare hierarchy in the workplace, to challenge senior colleagues if they feel practice or behaviour is unsafe or inappropriate. This has already resulted in an environment of heightened team working, accountability and

communication to produce high quality care, patient centred in the best interests of the patient.

Ramsay UK has an exceptionally robust integrated governance approach to clinical care and safety, and continually measures performance and outcomes against internal and external benchmarks. However, following a CQC report in 2016 with an 'inadequate' rating, coupled with whistle-blower reports and internal provider reviews, evidence indicated that some staff may not be happy speaking up and identify risk and potentially poor practice in colleagues. Ramsay reviewed this and it appeared there was a potential issue in healthcare globally, and in response to this Ramsay introduced the 'Speaking Up for Safety' programme.

The Safety C.O.D.E. (which stands for Check, Option, Demand, Elevate) is a toolkit which consists of these four escalation steps for an employee to take if they feel something is unsafe. Sponsored by the Executive Board, the hospital Senior Leadership Team oversee the roll out and integration of the programme and training across all our Hospitals within Ramsay. The programme is employee led, with staff delivering the training to their colleagues, supporting the process for adoption of the Safety C.O.D.E through peer-to-peer communication. Training compliance for staff and consultants is monitored corporately; the company benchmark is 85%.

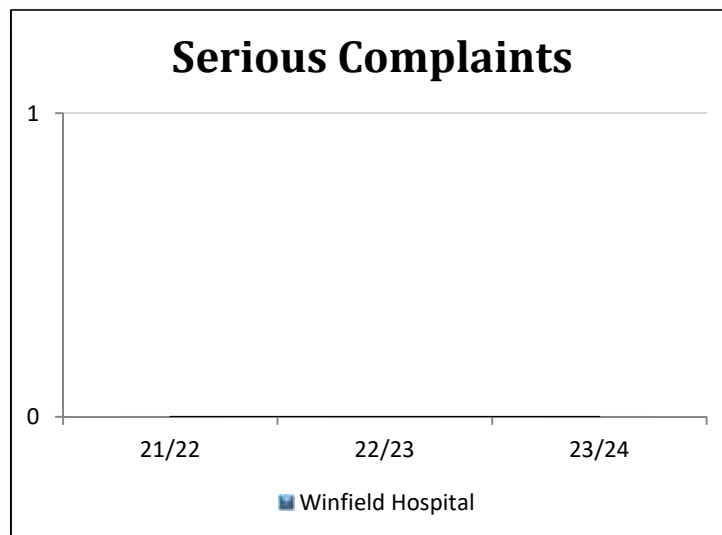
Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace and reinforces a culture of safety and transparency for our teams to operate within, and our patients to feel confident in. The tools the Safety C.O.D.E. use not only provide a framework for process, but they open a space of psychological safety where employees feel confident to speak up to more senior colleagues without fear of retribution.

3.4 Patient experience

All feedback from patients regarding their experiences with Ramsay Health Care are welcomed and inform service development in various ways dependent on the type of experience (both positive and negative) and action required to address them.

All positive feedback is relayed to the relevant staff to reinforce good practice and behaviour – letters and cards are displayed for staff to see in staff rooms and notice boards. Managers ensure that positive feedback from patients is recognised and any individuals mentioned are praised accordingly.

All negative feedback or suggestions for improvement are also feedback to the relevant staff using direct feedback. All staff are aware of our complaints procedures should our patients be unhappy with any aspect of their care.



Patient experiences are fed back via the various methods below, and are regular agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required and according to Ramsay and DH policy.

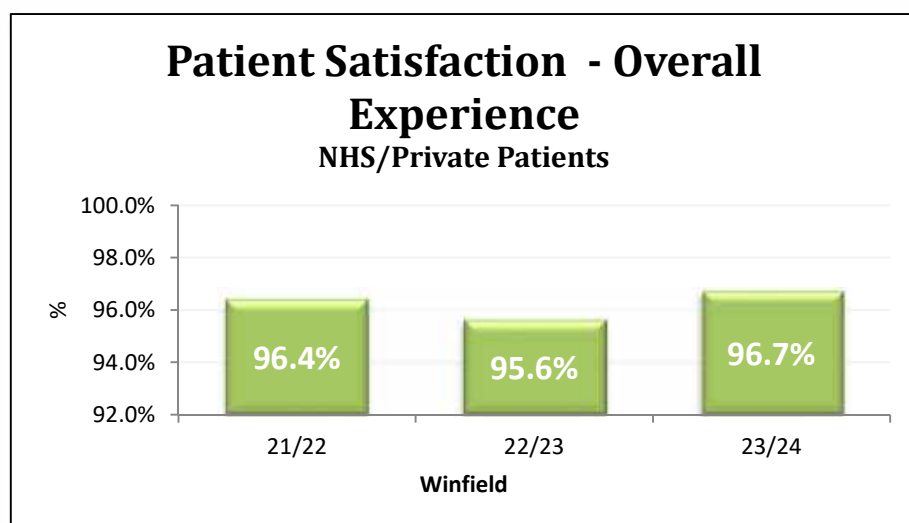
Feedback regarding the patient's experience is encouraged in various ways via:

- Continuous patient satisfaction feedback via a web based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, Heads of Clinical Services / Hospital Directors whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups
- PROMs surveys
- Care pathways – patient are encouraged to read and participate in their plan of care

3.4.1 Patient Satisfaction Surveys

Our patient satisfaction surveys are managed by a third-party company called 'Qa Research'. This is to ensure our results are managed completely independently of the hospital so we receive a true reflection of our patient's views.

Every patient is asked their consent to receive an electronic survey or phone call following their discharge from the hospital. The results from the questions asked are used to influence the way the hospital seeks to improve its services. Any text comments made by patients on their survey are sent as 'hot alerts' to the Hospital Manager within 48hrs of receiving them so that a response can be made to the patient as soon as possible.



As can be seen in the above graph, our patient satisfaction score has increased over the past year. We continue to provide excellent and personable care to our patients, which is reflected in our feedback scores.

In whole, the Winfield scored about the Ramsay UK average for the majority of survey questions, scoring below only in these areas:

Survey Area	Winfield Score	Ramsay UK Average
Preparation for leaving	9.1	9.2
Call Button	9.6	9.8
Staff Professionalism	9.8	9.9

All feedback and comments collated through online surveys and from formal complaints are discussed during the Patient Experience Meetings to monitor for trends and identify areas to improve. Some of the common themes identified include:

You Said	We Did
Poor condition of ward bedrooms, tired and dated,	Allocated £750k towards a ward refurbishment to improve the condition

	of all patient bedrooms and facilities. The refurbishment is due to start July 2024.
Discharge information	Reviewing the discharge information available and developing a speciality based discharge booklet to replace loose leaflets and make it more structured.
Communication	Moved towards electronic communication to speed up patients receiving written information, although this is still a work in progress. Raised awareness of communication feedback across staff and looking to improve internal communication channels

Appendix 1

Services covered by this quality account

Winfield Hospital	Services Provided	Peoples Needs Met For:
Treatment of Disease, Disorder or Injury	Cardiology Cosmetics, Dermatology, Ear Nose and Throat (ENT), Elderly Care, Gastroenterology, General Medicine, Genito-Urinary Medicine, Gynaecology, Neurology, Ophthalmology, Orthopaedics, Pain Management, Psychology, Physiotherapy (both at the Winfield Hospital and Richmond Village Care Home), Rheumatology, Urology, Weight Loss	All Adults
Surgical Procedures	Day and Inpatient Surgery, Colorectal, Cosmetics, Ear Nose and Throat (ENT), Gastrointestinal, General Surgery, Gynaecology, Ophthalmic, Oral Maxillofacial, Orthopaedics, Urology	<p>All Adults:</p> <ul style="list-style-type: none"> • Patients with blood disorders • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative • Patients who are above a stable ASA 3 • Dyspnoea grade ⅔ • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 2 months) • MI in last 6 months • Angina Classification ⅔ • CVA in last 6 months • BMI > 40 (individual cases will be reviewed by an anaesthetist) <p>All patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment</p>
Diagnostic and Screening	Imaging Services	All Adults

Appendix 2 – Clinical Audit Programme 2023/24. Findings from the baseline audits will determine the hospital local audit programme to be developed for the remainder of the year.

Clinical Audit Programme

The Clinical Audit programme for Ramsay Health Care UK runs from July to the following June each year, 2020 saw the migration of audit activity from the traditional excel programme to an ‘app’ base programme initially called Perfect Ward. In 2022 Perfect Ward rebranded to “Tendable.” Staff access the app through iOS devices and ease of use has much improved. Tailoring of individual audits is an ongoing process and improved reporting of audit activity has been of immediate benefit.

AUDIT	Department Allocation / Ownership	QR Code Allocation	Frequency	Deadline for Submission
Hand Hygiene observation (5 moments)	Ward, Ambulatory Care, SACT Services, Theatres, IPC (all other areas)	Ward, Ambulatory Care, SACT Services, Theatres, Whole Hospital	Monthly	Month end
Hand Hygiene observation (5 moments)	RDUK	RDUK	Monthly	Month end
Surgical Site Infection (One Together)	Theatres	Theatres	October, April	Month end
IPC Governance and Assurance	IPC	Whole Hospital	July	Month end

IPC Environmental infrastructure	IPC	Whole Hospital	August, February	Month end
IPC Management of Linen	Ward	Ward	August, February (as required)	End of August No deadline for February
Sharps	IPC	Whole Hospital	August, December, April	Month end
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres, SACT Services	Theatres, SACT Services	Weekly	Month end
50 Steps Cleaning (Functional Risk 1)	HoCS, Theatres	Theatres	Fortnightly	Month end
50 Steps Cleaning (FR2)	HoCS, Ward, Ambulatory Care, Outpatients, POA	Ward, Ambulatory Care, Outpatients, POA	Monthly	Month end
50 Steps Cleaning (FR4)	HoCS, Physio, Pharmacy, Radiology	Physio, Pharmacy, Radiology	July, October, January, April	Month end
50 Steps Cleaning (FR4)	RDUK	RDUK	July, October, January, April	Month end
50 Steps Cleaning (FR5)	SLT (Patient facing: reception, waiting rooms, corridors)	Whole Hospital	July, January	Month end

50 Steps Cleaning (FR6)	SLT (Non-patient facing: Offices, Stores, Training Rooms)	Whole Hospital	August	Month end
Peripheral Venous Cannula Care Bundle	HoCS (to delegate)	Whole Hospital	July to September	End of October
Urinary Catheterisation Bundle	HoCS (to delegate)	Whole Hospital	July to September	End of October
Patient Journey: Safe Transfer of the Patient	Ward	Ward	August, February	Month end
Patient Journey: Intraoperative Observation	Theatres	Theatres	August/September February/March (if required)	End of September No March deadline
Patient Journey: Recovery Observation	Theatres	Theatres	October/November April/May (if required)	End of November No deadline
LSO and 5 Steps Safer Surgery	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	July/August January/February	End of August End of February
NatSSIPs Stop Before You Block	Theatres	Theatres	September/October March/April	End of October End of April
NatSSIPs Prosthesis	Theatres	Theatres	November/December May/June	End of December End of June

NatSSIPs Swab Count	Theatres	Theatres	July/August	End of August
			January/February	End of February
NatSSIPs Instruments	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	September/October	End of October
			March/April	End of April
NatSSIPs Histology	Theatres, Outpatients, Radiology	Theatres, Outpatients, Radiology	November/December	End of December
			May/June	End of June
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital	July/September	End of September
Blood Transfusion – Autologous	Blood Transfusion	Whole Hospital	July/September (where applicable)	No deadline
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital	As required	As required
Complaints	SLT	Whole Hospital	November	Month end
Duty of Candour	SLT	Whole Hospital	January	Month end
Practising Privileges - Non-consultant	HoCS	Whole Hospital	October	Month end
Practising Privileges - Consultants	HoCS	Whole Hospital	July, January	Month end
Practising Privileges - Doctors in Training	HoCS	Whole Hospital	July, January (where applicable)	No deadline

Privacy & Dignity	Ward	Ward	May/June, November/December	End of June End of December
Essential Care: Falls Prevention	HoCS (to delegate)	Whole Hospital	September / October	End of October
Essential Care: Nutrition & Hydration	HoCS (to delegate)	Whole Hospital	September / October	End of October
Essential Care: Management of Diabetes	HoCS (to delegate)	Whole Hospital	TBC	TBC
Medical Records - Therapy	Physio	Physio	July/August November/December (if req) March/April	End of August No December deadline End of April
Medical Records - Surgery	Theatres	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April
Medical Records - Ward	Ward	Ward	July/August November/December (if req) March/April	End of August No December deadline End of April
Medical Records - Pre-operative Assessment	Outpatients, POA	Outpatients, POA	July/August November/December (if req) March/April	End of August No December deadline End of April

Medical Records - Radiology	Radiology, RDUK	Radiology, RDUK	July/August	End of August
			November/December (if req)	No December deadline
			March/April	End of April
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	July/August	End of August
			November/December (if req)	No December deadline
			March/April	End of April
Medical Records - Paediatrics	Paediatrics	Paediatrics	July/August	End of August
			November/December (if req)	No December deadline
			March/April	End of April
Medical Records - NEWS2	Ward	Whole Hospital	October, February, June	Month end
Medical Records - VTE	Ward	Whole Hospital	July, November, March	Month end
Medical Records - Patient Consent	HoCS	Whole Hospital	July, December, May	Month end
Medical Records - MDT Compliance	HoCS	Whole Hospital	December	Month end
Non-Medical Referrer Documentation and Records	Radiology	Radiology	July, January	Month end
MRI Reporting for BUPA	Radiology	Radiology	July, November, March	Month end

CT Reporting for BUPA	Radiology	Radiology	August, December, April	Month end
No Report Required	Radiology	Radiology	August, February	Month end
MRI Safety	Radiology, RDUK	Radiology, RDUK	January, July	Month end
CT Last Menstrual Period	Radiology, RDUK	Radiology, RDUK	July, October, January, April	Month end
RDUK - Referral Forms - MRI	RDUK	RDUK	August, October, December, February, April, June	Month end
RDUK - Referral Forms - CT	RDUK	RDUK	July, September, November, January, March, May	Month end
RDUK - Medicines Optimisation	RDUK	RDUK	October, March	Month end
RDUK - PVCCB	RDUK	RDUK	July, January	Month end
Bariatric Services	Bariatric Services	Whole Hospital	July/August November/December (if req) March/April	End of August No December deadline End of April
Paediatric Services	Paediatric	Paediatric	July, January	Month end
Paediatric Outpatients	Paediatric	Paediatric	September	Month end
Paediatric Radiology	Paediatric	Paediatric	October	Month end

Safe & Secure	Pharmacy	Outpatients, SACT Services, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy	August, February	Month end
Safe & Secure (RDUK)	Pharmacy	RDUK	August, February	Month end
Prescribing	Pharmacy	Pharmacy	October, April	Month end
Medicines Reconciliation	Pharmacy	Pharmacy	July, October, January, April	Month end
Controlled Drugs	Pharmacy	Pharmacy	September, December, March, June	Month end
Pain Management	Pharmacy	Pharmacy	July, October, January, April	Month end
Pharmacy: Medicines Optimisation	Pharmacy	Pharmacy	November	Month end
Pharmacy: Medicines Optimisation	Pharmacy	RDUK	November	Month end
SACT Services	Pharmacy, SACT Services	Pharmacy, SACT Services	September/October	End of October

Departmental Governance	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	Ward, Ambulatory Care, Theatre, Physio, Outpatients, Radiology	October to December	End of December
Departmental Governance (RDUK)	RDUK	RDUK	October to December	End of December
Safeguarding	SLT	Whole Hospital	July	Month end
IPC Governance and Assurance (RDUK)	RDUK	RDUK	July, January	Month end
IPC Environmental infrastructure (RDUK)	RDUK	RDUK	August, February	Month end
Decontamination - Sterile Services (Corporate)	Decontamination (Corp)	Decontamination	As required (by corporate team)	No deadline
Decontamination - Endoscopy	Decontamination (Corp)	Decontamination	As required (by corporate team)	No deadline
Medical Records - SACT consent	SACT Services	SACT Services	May	Month end
Occupational Delivery On-site	HoCS	Whole Hospital	November to January	End of January

Managing Health Risks On-site	Corporate OH		Whole Hospital		As required		No deadline							
	Department Allocation / Ownership	OH Code Allocation	July	August	September	October	November	December	January	February	March	April	May	June

Audit	Department Allocation / Ownership	OH Code Allocation	July	August	September	October	November	December	January	February	March	April	May	June	Frequency
Hand Hygiene observations (5 moments)	Ward	Ward	97.5%	85.8%		97.6%	100%	93.3%			99.0%	79%	98.1%		Monthly
Hand Hygiene observations (5 moments)	Theatres	Theatres	98.7%						79.3%	86.9%	81.7%	83.3%	100%		Monthly
Hand Hygiene observations (5 moments)	IPC	Whole Hospital	81.7%	87.5%						85.3%	100%	93.3%	84.4%		Monthly
Surgical Site Infection (One Together)	Theatres	Theatres				99.2%			89%	95.1%	100%		88.8%		October, April
IPC Governance and Awareness	IPC	Whole Hospital	91.7%							91.7%					July
IPC Environmental Infrastructure	IPC	Whole Hospital		85.9%						97.5%					August, February
IPC Management of Items	Ward	Ward		100%						86.7%					August, February (as required)
Surge	IPC	Whole Hospital		91.8%			93.6%			93.6%					August, December, April
50 Steps Cleaning (FR1)	Theatres	Theatres	91.9%	85.4%	94.9%		81.8%	86.7%	82.9%	87.3%	91.3%	76.6%	100%		Weekly
50 Steps Cleaning (FR2)	Ward	Ward	96.6%	91.1%	87%	96.4%	95.5%	98%	97.5%	78.1%	99.3%	97.9%	97.1%		Monthly
50 Steps Cleaning (FR3)	Outpatients	Outpatients	95.8%	96%			98.5%	100%	100%	100%	96.1%				Monthly
50 Steps Cleaning (FR3)	POA	POA		80.3%				84.2%			80.2%	96.4%			Monthly
50 Steps Cleaning (FR4)	Physio	Physio	88.5%		95.2%	90.4%			83.7%	90.7%	86.2%	96%			Aug, October, January, April
50 Steps Cleaning (FR4)	Pharmacy	Pharmacy	95%						94.4%		88.2%				Aug, October, January, April
50 Steps Cleaning (FR4)	Radiology	Radiology	100%	100%		95.7%			83.3%		98.6%				Aug, October, January, April
50 Steps Cleaning (FR5)	ILT	Whole Hospital													Aug, January
50 Steps Cleaning (FR6)	ILT	Whole Hospital		91.1%											August
Pediatric/Venous Catheter Care Bundle	HICS	Whole Hospital													July to September
Urinary Catheterisation Bundle	HICS	Whole Hospital											87.6%		July to September
Patient Journey: Safe Transfer of the Patient	Ward	Ward										99.5%			August, February
Patient Journey: Invasive Observation	Theatres	Theatres								88.9%					August/September/February/March (if required)
Patient Journey: Recovery Observation	Theatres	Theatres			95.8%							100%			October/November/ April/May (if required)

Audit	Department Allocation / Ownership	OH Code Allocation	July	August	September	October	November	December	January	February	March	April	May	June	Frequency
LSD and 5 Steps Before Surgery	Theatres	Theatres							81.3%	95%					July/August/January/February
LSD and 5 Steps Before Surgery	Outpatients	Outpatients	97.5%						100%			98.5%			July/August/January/February
LSD and 5 Steps Before Surgery	Radiology	Radiology	100%						100%						July/August/January/February
NetSAP: Stop Before You Block	Theatres	Theatres									80.8%				September/October/March/April
NetSAP: Horizontal	Theatres	Theatres							100%				100%		November/December/May/June
NetSAP: South Coast	Theatres	Theatres			100%				93.2%						July/August/January/February
NetSAP: Instruments	Theatres	Theatres				97.9%			96.6%		100%				September/October/March/April
NetSAP: Instruments	Outpatients	Outpatients									81.3%				September/October/March/April
NetSAP: Instruments	Radiology	Radiology				100%					100%				September/October/March/April
NetSAP: Histology	Theatres	Theatres								100%					November/December/May/June
NetSAP: Histology	Outpatients	Outpatients													November/December/May/June
NetSAP: Histology	Radiology	Radiology													November/December/May/June
Blood Transfusion Compliance	Blood Transfusion	Whole Hospital								88.9%					July/September
Blood Transfusion - Antibiotic	Blood Transfusion	Whole Hospital									N/A				July/September (where applicable)
Blood Transfusion - Cold Chain	Blood Transfusion	Whole Hospital									83%				As required
Complaints	ILT	Whole Hospital						91%							November
Duty of Care	ILT	Whole Hospital													January
Practising Privileges - Non-consultant	HICS	Whole Hospital													October
Practising Privileges - Consultants	HICS	Whole Hospital	91.9%							90.4%					July, January
Practising Privileges - Doctors in Training	HICS	Whole Hospital													July, January (where applicable)
Privacy & Dignity	Ward	Ward													May/June
Essential Care: Falls Prevention	HICS	Whole Hospital							98.8%				96.7%		November/December/September/October
Essential Care: Nutrition & Hydration	HICS	Whole Hospital													September/October

Audit	Department Allocation / Directorate	QR Code Allocation	July	August	September	October	November	December	January	February	March	April	May	June	Frequency
Medical Records - Therapy	Physio	Physio	93.7%				96%						95.7%		July/August November/December (if req)
Medical Records - Surgery	Theatre	Whole Hospital	94.1%										97%		July/August November/December (if req)
Medical Records - Ward	Ward	Ward					91.7%					83.6%			July/August November/December (if req)
Medical Records - Pre-operative Assessment	Outpatients	Outpatients	79.7%												July/August November/December (if req)
Medical Records - Pre-operative Assessment	POA	POA													July/August November/December (if req)
Medical Records - Radiology	Radiology	Radiology	100%				100%				95.9%				July/August November/December (if req)
Medical Records - Cosmetic Surgery	Outpatients	Whole Hospital	99.2%												July/August November/December (if req)
Medical Records - NIWS2	Ward	Whole Hospital				82.7%									October, February, June
Medical Records - VTE	Ward	Whole Hospital	84.4%				82.5%					77.6%			July, November, March
Medical Records - Patient Consent	H&S	Whole Hospital											98.1%		July, December, May
Medical Records - MDT Compliance	H&S	Whole Hospital													December
New Medical Referrer Documentation and Records	Radiology	Radiology	100%						99.2%						July, January
MRB Reporting for RUPA	Radiology	Radiology	97%					98.3%	98.7%						July, November, March
CT Reporting for RUPA	Radiology	Radiology		88.1%				98.6%	99.1%						August, December, April
No Report Required	Radiology	Radiology		100%											August, February
MRB Safety	Radiology	Radiology	100%						100%						January, July
CT Last Menstrual Period	Radiology	Radiology	100%			85.4%			98.2%			80%			July, October, January, April
Bariatric Services	Bariatric Services	Whole Hospital										95.1%			July/August November/December (if req)
Safe & Secure (DPO)	Pharmacy	Outpatients		98%						100%					August, February
Safe & Secure (Radiology)	Pharmacy	Radiology		93.6%						95.3%					August, February

Audit	Department Allocation / Directorate	QR Code Allocation	July	August	September	October	November	December	January	February	March	April	May	June	Frequency
Safe & Secure (Theatre)	Pharmacy	Theatre		97%											August, February
Safe & Secure (Ward)	Pharmacy	Ward		93.2%						94.1%					August, February
Safe & Secure (Pharmacy)	Pharmacy	Pharmacy								79.5%					August, February
Prescribing	Pharmacy	Pharmacy								100%					October, April
Medicines Reconciliation	Pharmacy	Pharmacy	96.7%				96.7%		88%			98.4%			July, October, January, April
Controlled Drugs	Pharmacy	Pharmacy									96.7%				September, December, March, June
Pain Management	Pharmacy	Pharmacy	94.2%				82.6%		78.3%			81.3%			July, October, January, April
Pharmacy - Medicines Optimisation	Pharmacy	Pharmacy													November
SACT Services	Pharmacy	Pharmacy													September/October
Dept Governance (Ward)	Ward	Ward													October to December
Dept Governance (Theatre)	Theatre	Theatre													October to December
Dept Governance (Physio)	Physio	Physio		92%											October to December
Dept Governance (DPO)	Outpatients	Outpatients													October to December
Dept Governance (Radiology)	Radiology	Radiology													October to December
Safekeeping	SLT	Whole Hospital													July
Decontamination - Sterile Services (Corporate)	Decontamination (Care)	Decontamination								98.7%					As required
Decontamination - Endoscopy	Decontamination (Care)	Decontamination											96.3%		As required

Appendix 3

Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
EVLТ	Endovenous Laser Treatment
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC22	Code for Winfield Hospital used on the data information websites
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PLACE	Patient-Led Assessment of the Care Environment
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
RIMS	Risk Information Management System
SUS	Secondary Uses Service
SAC	Standard Acute Contract
SLT	Senior Leadership Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
VTE	Venous Thromboembolism

Winfield Hospital

Ramsay Health Care UK

We would welcome any comments on the format, content or purpose of this Quality Account.

If you would like to comment or make any suggestions for the content of future reports, please telephone or write to the Hospital Director using the contact details below.

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